

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 036 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817036

1. Corporation Name

THE CHURCHMAN COMPANY

Principal Place of Business

1074 23RD AVE N
ST. PETERSBURG FL 33704

Mailing Address

1074 23RD AVE N
ST. PETERSBURG FL 33704



2. Principal Place of Business

21 4300 N.W. 23rd Avenue

Suite, Apt. #, etc.

Box 203

City & State

23 Gainesville, FL

Zip

24 32614-7050

Country

25 USA

2a. Mailing Address

26 4300 N.W. 23rd Avenue

Suite, Apt. #, etc.

Box 203

City & State

28 Gainesville, FL

Zip

29 32614-7050

Country

30 USA

3. Date Incorporated or Qualified

04/09/1962

4. FEI Number

59-1002330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, EDNA RUTH

1074 23RD AVE N

ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name

Charles S. Gregg

82 Street Address (P.O. Box Number is Not Acceptable)

4300 N.W. 23rd Avenue

83

Box 203

84 City

Gainesville

FL

85 Zip Code

32614

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Charles S. Gregg, Managing Editor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/5/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOHNSON, EDNA RUTH
STREET ADDRESS 1074 23RD AVENUE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

TITLE V
NAME WAGNER, PAUL
STREET ADDRESS 12137 RIVERHILLS DR.
CITY-ST-ZIP TAMPA FL 33617

☒ DELETE

TITLE D
NAME SPONG, JOHN S. R
STREET ADDRESS 24 RECTOR STREET
CITY-ST-ZIP NEWARK NJ

☒ DELETE

TITLE D
NAME MONDALE, LESTER
STREET ADDRESS RT 3, BOX 74 COPPERHEAD
CITY-ST-ZIP FREDERICKTOWN MD

☒ DELETE

TITLE D
NAME SWOMLEY, DR. JOHN M
STREET ADDRESS 6148 NW WALES RD
CITY-ST-ZIP KANSAS CITY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Dr. John M. Swomley
1.3 STREET ADDRESS 6148 N.W. Wales Road
1.4 CITY-ST-ZIP Kansas City, MO 64151

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME Kenneth Croose Parry
2.3 STREET ADDRESS P. O. Box 15778
2.4 CITY-ST-ZIP Gainesville, FL 32604

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME Rev. Don W. Vaughn-Foerster
3.3 STREET ADDRESS 1370 North Millbend Drive
3.4 CITY-ST-ZIP The Woodlands, TX 77380

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME Rev. John F. Donovan
4.3 STREET ADDRESS 4225 N.W. 34th Street
4.4 CITY-ST-ZIP Gainesville, FL 32605

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE M
6.2 NAME Charles S. Gregg
6.3 STREET ADDRESS 5400 N.W. 39th Avenue, #D-20
6.4 CITY-ST-ZIP Gainesville, FL 32606

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/99 352-378-3871

Date

Daytime Phone #

CR2E037 (5/99)