

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 024 ****61.25

DOCUMENT # F93000002503

1. Corporation Name

BODY OF CHRIST OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

3348 CRYSTAL LAKES CT
SARASOTA FL 34235
US

Mailing Address

P.O. BOX 25291
SARASOTA FL 34277
US



2. Principal Place of Business

21 5324 E. 92nd St.

Suite, Apt. #, etc.

22

City & State

23 Tulsa, OK

Zip

24 74137

Country

25 USA

2a. Mailing Address

26 P.O. Box 936

Suite, Apt. #, etc.

27

City & State

28 Bixby, OK

Zip

29 74008

Country

30 USA

3. Date Incorporated or Qualified

05/19/1993

4. FEI Number

65-0403606

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

VANDERGOUW, HANS
3348 CRYSTAL LAKES CT
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

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

83 9367 Longchamp Dr.

84 City

Sarasota

FL

85 Zip Code

34235

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/99

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME TAYLOR, DAVID L
STREET ADDRESS 141 KENDALL HILL RD.
CITY-ST-ZIP STERLING MA

TITLE P ☐ DELETE

NAME VANDERGOUW, HANS
STREET ADDRESS 3348 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL 34235

TITLE T ☐ DELETE

NAME VANDERGOUW, CYNTHIA A
STREET ADDRESS 3348 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ DELETE

NAME TAYLOR, LINDA
STREET ADDRESS 141 KENDALL HILL RD.
CITY-ST-ZIP STERLING MA

TITLE D ☐ DELETE

NAME LALONE, BRIAN
STREET ADDRESS 145 - 4TH ST
CITY-ST-ZIP WINCHENDON MA

TITLE D ☐ DELETE

NAME BISCEGLIA, JOSEPH & SHARO
STREET ADDRESS 497 MILL ST
CITY-ST-ZIP WORCESTER MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Date

7/15/99 (918) 481-3461

Daytime Phone #

CR2E037 (5/99)