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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001539 (5)**

1. Corporation Name

A UNITED CHURCH OF THE REDEEMED AND MINISTRIES I NC.

Principal Place of Business

Mailing Address

**816 NW 6TH AVE
HAWTHORNE FL 32640
US**

**RT. 3, BOX 47
HAWTHORNE FL 32640**

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

59-3226816

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Cntry

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6843**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD DENMARK, MATTIE LEE
RT. 3, BOX 47
HAWTHORNE FL 32640**

☐ DELETE

**VD JOHNSON, FANNIE MAE
RT. 3, BOX 234
HAWTHORNE FL 32640**

☐ DELETE

**S SMITH, DEBORAH
P.O. BOX 1710 N/A
HAWTHORNE FL 32640**

☐ DELETE

**T GIRTMAN, NUDINE B
RT. 1, BOX 121-A
HAWTHORNE FL 32640**

☐ DELETE

**D COLLIE, CAROLYN M
825 KINGS HWY.
LEWES DE 19958**

☐ DELETE

**D GUTHRIE, VIVIAN E
RT 3 BOX 47 N/A
HAWTHORNE FL 32640**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**Director
WILLIE GAY
106 S.W. 2nd St. # P.O. 1396
HAWTHORNE, Florida 32640**

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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. I am the 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.

SIGNATURE: **MATTIE L. DENMARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011674

CR2E037 (10/97)