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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08137** (4)

1. Corporation Name

CLARENCE M. YATES MINISTRIES, INC.

Principal Place of Business

**400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825**

Mailing Address

**400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825**

3. Date Incorporated or Qualified

03/14/1985

4. FEI Number

59-2530526

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

10. Name and Address of New Registered Agent

**YATES, CLARENCE M.
400 DEERWOOD AVENUE
ORLANDO FL 32825**

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	D	<input type="checkbox"/> DELETE
NAME	HARRELL, BOB	
STREET ADDRESS	5300 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TAYLOR, KEITH	
STREET ADDRESS	1651 S. RIO GRANDE AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRACE, PHILIP	
STREET ADDRESS	1850 LEE RD.-SUITE 115	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDRY, MACK	
STREET ADDRESS	597 MONTGOMERY RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, TOM	
STREET ADDRESS	5115 LACROIX AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLURAFF, JAMES	
STREET ADDRESS	1832 WIND DRIFT RD.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3621 NORTHGLENN DR
2.4 CITY-ST-ZIP	ORLANDO FL 32806-7059

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200 SPRING RUN CIR
4.4 CITY-ST-ZIP	LONGWOOD FL 32779-4971

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	700 WESLEYAN DR
5.4 CITY-ST-ZIP	MACON GA 31210

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1802 LAKE GROVE LANE
6.4 CITY-ST-ZIP	ORLANDO FL 32806

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.

SIGNATURE: *Clarence M. Yates* **CLARENCE M. YATES**

1-13-98

407-273-
6236

CR2E037 (10/97)