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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N12223**

1. Corporation Name

**THE CHURCH OF GOD EVANGELISTIC ASSOCIATION, INC.**

Principal Place of Business

C/O JOHN W. COLLINS  
2842 ELIZABETH PLACE  
LAKELAND FL 33813

Mailing Address

C/O JOHN W. COLLINS  
2842 ELIZABETH PLACE  
LAKELAND FL 33813



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/29/1985

4. FEI Number

59-2655873

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

COLLINS, JOHN W.  
2842 ELIZABETH PLACE  
LAKELAND FL 33813

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 PCDC  
NAME COLLINS, JOHN W.  
STREET ADDRESS 2842 ELIZABETH PL.  
CITY-ST-ZIP LAKELAND FL

TITLE VD  
NAME KELLY, HAROLD REV.  
STREET ADDRESS P.O. BOX 8 N/A  
CITY-ST-ZIP WEST BEND KY 40388

TITLE TD  
NAME COLLINS, BARBARA L  
STREET ADDRESS 2842 ELIZABETH PLACE  
CITY-ST-ZIP LAKELAND FL

TITLE D  
NAME DEVOLL, DAVID REV.  
STREET ADDRESS 6501 GERMANTOWN RD. NO 377  
CITY-ST-ZIP MIDDLETOWN OH 45042

TITLE D  
NAME NIPP, JAMES  
STREET ADDRESS PO BOX 430 N/A  
CITY-ST-ZIP SPICELAND IN 47385

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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:

*John W. Collins*

W. COLLINS 4-9-99 1-941-646-516