## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N15511**

1. Corporation Name

MEYER FAMILY MINISTRIES, INC.

Principal Place of Business

% GERALD R. MEYER 2641 BRITANNIA RD. SARASOTA FL 34231

Mailing Address

% GERALD R. MEYER 2641 BRITANNIA RD. SARASOTA FL 34231

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90028 019 \*\*\*\*61.25

1 100361 90028 19

2. Principal P	lace of Business 2a. Mailing Address			Date Incorporated or Qualifed		
21 264	1 7 1 1 1 NUVA (CO 26) 1N 17 -					
Suite, Apt.	#, etc. Suite, Apt. #, etc.				<del></del>	
22						
				5 Certificate of Status Desired		
Zip	Country, Zip	Country	y	6. Election Campaign Financing 5	5.00 May Be	
24 347	231 25 US 29 SAME	30		Trust Fund Contribution A	dded to Fees	
	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	<u>:</u>	
		81	Name			
MEYER, GERALD R.			82 Street Address (P.O. Box Number is Not Acceptable)			
	rannia RD.					
	A FL 34231	Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  27				
			84 City 85 Zip Code			
		1	- 1	FL	·	
office or r	to the provisions of Sections 617.0502 and 617.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 617.0503, Flor	ithonzed by	the corporati	poration submits this statement for the purpose of changion's board of directors. I hereby accept the appointmen	t as registered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS				ECTORS IN 12	
TITLE		1.1 TITLE			hange	
NAME	MEYER, GERALD R.	1.2 NAME				
STREET ADDRESS	2641 BRITANNIA RD.	1.3 STREE	TADDRESS			
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-5	ST-ZIP			
TITLE		2.1 TITLE			hange Add	
NAME:	MEYER, PATRICIA L.	2.2 NAME				
STREET ADDRESS	2641 BRITANNIA RD.	2.3 STREE	TADORESS			
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-	ST-ZIP			
TITLE		3.1 TITLE			hange	
NAME	HANCOCK, DAVID J.	3.2 NAME				
STREET ADDRESS	337 BNW HOT SPRINGS ALAMEDA	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	STEVENSON WA 98648	3.4. CITY-	ST-ZIP			
TITLE	D DELETE	4.1 TITLE			hange	
NAME	HUNNIFORD, J. THEODORE	4. 2 NAME				
STREET ADDRESS	3402 BAY ST.	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-5	ST-ZIP			
TITLE	D DELETE		Į		hange	
NAME	STRICKLAND, CHARLES R.		i			
STREET ADDRESS	867 CHARTLEY DR.	5.3 STREE	ET ADDRESS	·		
CITY-ST-ZIP	LILBURN GA	_	ST-ZIP			
TITLE	☐ DELETE	1		□c	hange Add	
NAME		6.2 NAME	1			
STREET ADDRESS		6.3 STREE	ET ADDRESS			
CITY-ST-ZIP		6.4 CITY-5	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

**SIGNATURE:**