## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # N21354**

1. Corporation Name

BRAD KIDWELL MINISTRIES, INC.

Principal Place of Business

Mailing Address

3060 PELICAN PLACE **CLEARWATER FL 33762**  3060 PELICAN PLACE **CLEARWATER FL 33762** 

## **FILED** Mar 17, 1999 8:00 am Secretary of State

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2. Principal P	lace of Business Rolling Trail	2a. Mailing Address 26 3445 Roll	ingTrail	3. Date Incorporated or Qualifed 06/29/1987	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7	4. FEI Number	Applied For
22		27		59-2810163	Not Applicable
City & State	Harbor, Florida	28 Palm Harbo		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip 24 3468	Country 25 USA	Zip 34684	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3 ,00	9. Name and Address of Current		301	10. Name and Address of New Registere	
	v. Hame and Address of Cartesi	t rogiotorou rigorii	81 Name 4		
			<u> </u>	Bradley D. Kidwell	
	BRADLEY D.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)  45 Rolling Trail	
	CAN PLACE		83	73 1011119 11001	
CLEARWA	TER FL 33762				
ĺ			84 City P	ilm Harbor F	_     0 , 0 -
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida State	tutes, the above-named con	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered
office or r	m familiar with, and accept the obligat	tions of, Section 617.0503, F	Florida Statutes.		
SIGNATURE	Signature, typed printed name of registered agen	Bradley D	). Kidwell , Kr.		<u>-99</u>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELÉTE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIDWELL, BRADLEY D.		1.2 NAME	6 5 .1	
STREET ADDRESS	3060 PELICAN PLACE		1.3 STREET ADDRESS	3445 Rolling Trail	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	3445 Rolling Trail Palm Harbor, FL 34684	
TITLE	STD	□ DELETE	2.1 TITLE	<u> </u>	Change
NAME	KIDWELL, BEVERLY BAKER		2.2 NAME		
STREET ADDRESS	3060 PELICAN PLACE		2.3 STREET ADDRESS	3445 Rolling Trail	
CITY-ST-ZIP	CLEARWATER FL	_	2.4 CITY-ST-ZIP	3445 Rolling Trail Palm Harbor, FL 34684	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIDWELL, RUBY B.		3.2 NAME		
STREET ADDRESS	RT. 1 BOX 18		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENDLETON KY		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	LOVELL, STEVE		4. 2 NAME		
STREET ADDRESS	l :i <u></u>		4.3 STREET ADORESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STRAYER, WILLIAM		5.2 NAME		ļ
STREET ADDRESS	2640 ORCHARD HIGHLANDS		5.3 STREET ADDRESS		Ì
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	,	
TITLE	TAGETIANDON IL	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
-			6.3 STREET ADDRESS		
STREET ADDRESS	_				-

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.