## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # F.G.Q. MINISTRIES INCORPORATED Principal Place of Business

12813 WILD ACRES ROAD LARGO FL 34643

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

HANEY, J. BRUCE

2058 POINSETTIA **CLEARWATER FL 34615** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

## N23530

Country

9. Name and Address of Current Registered Agent

25

Mailing Address

2a. Mailing Address

City & State

Zip

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12813 WILD ACRES ROAD LARGO FL 34643

Suite, Apt. #, etc.

| FILED              |
|--------------------|
| Apr 29 1998 8:00am |
| Secretary of State |
|                    |

CH CD

|      | 3. Date Incorporated or Qualified 11/05/1987   |                                   |  |  |  |  |
|------|--|-----------------------------------|--|--|--|--|
|      |  |                                   |  |  |  |  |
|      | 59-2980291   | Not Applicable                    |  |  |  |  |
|      | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |  |  |  |  |
|      | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Feee                           |                                   |  |  |  |  |
|      | 7. Is this nonprofit corporation a homeowners association?   |                                   |  |  |  |  |
|      | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No |                                   |  |  |  |  |
|      | 10. Name and Address of New Registered Ac  | ent                               |  |  |  |  |
| Name |  |                                   |  |  |  |  |

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

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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Country

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City

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|----------------|--|--|--|----------------------|---------------------------------------|---------------|--|
| SIGNATURE _    | Signature, typed or printed name of registered agent a   | The state of the s |  |                      |                                       |               |  |
| 12.            | OFFICERS AND (   |  | Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |                                       |               |  |
| TITLE          | PD OFFICERS AND E  | DELETE   | 1.) TITLE  | ADDITIONS/CHANGES TO | Change                                | Addition      |  |
| NAME           | HANEY, J. BRUCE  |  | 1.2 NAME   |                      | C C C C C C C C C C C C C C C C C C C |               |  |
|                |  |  |  |                      |                                       |               |  |
| STREET ADDRESS | 2058 POINSETTIA  |  | 1.3 STREET ADDRESS   |                      |                                       |               |  |
| CITY-ST-ZIP    | CLEARWATER FL 34615  | T Second   | 1.4 CITY-ST-ZIP  |                      |                                       | TT a datebase |  |
| TITLE          | VD   | ☐ DELETE   | 2.1 TITLE  |                      | ☐ Change                              | Addition      |  |
| NAME           | CRUM, DALE   |  | 2.2 NAME   |                      |                                       |               |  |
| STREET ADDRESS | 2765 BRATTLE LANE  |  | 2.3 STREET ADDRESS   |                      |                                       |               |  |
| CITY-ST-Z#P    | CLEARWATER FL 34621  |  | 2.4 CITY-ST-ZIP  |                      |                                       |               |  |
| TITLE          | TD   | ☐ DELETE   | 3.1 TITLE  |                      | ☐ Change                              | Addition      |  |
| NAME           | MAYS, ROBERT W   |  | 3.2 NAME   |                      |                                       |               |  |
| STREET ADDRESS | 12813 WILD ACRES ROAD  |  | 3.3 STREET ADDRESS   |                      |                                       |               |  |
| CITY-ST-ZW     | LARGO FL 34643   |  | 3.4. CITY-ST-ZIP   |                      |                                       |               |  |
| TITLE          | PDS  | ☐ DELETE   | 4.1 TITLE  |                      | Change                                | ☐ Addition    |  |
| NAME           | HANEY, J. B  |  | 4. 2 NAME  |                      |                                       |               |  |
| STREET ADDRESS | 2058 POINSETTIA  |  | 4.3 STREET ADDRESS   |                      |                                       |               |  |
| CITY-ST-ZIP    | CLEARWATER FL  |  | 4.4 CITY-ST-ZIP  |                      |                                       |               |  |
| TITLE          |  | DELETE   | 5.1 TITLE  |                      | ☐ Change                              | Addition      |  |
| NAME           |  |  | 5.2 NAME   |                      |                                       |               |  |
| STREET ADDRESS |  |  | 5.3 STREET ADDRESS   |                      |                                       |               |  |
| CITY-ST-ZW     |  |  | 5.4 CITY-ST-ZIP  |                      |                                       |               |  |
| TITLE          |  | DELETE   | 6.1 TITLE  |                      | ☐ Change                              | Addition      |  |
| NAME           |  |  | 6.2 NAME   |                      |                                       |               |  |
| STREET ADDRESS |  |  | 6.3 STREET ADDRESS   |                      |                                       |               |  |
| CITY, ST. 740  |  |  | 6 # CITY - CT - 7ID  |                      |                                       |               |  |

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: PARTIE BECHUILLED

813-442-6311

Zip Code