

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90195 002 ****61.25

DOCUMENT # N23530

1. Corporation Name

F.G.Q. MINISTRIES INCORPORATED

Principal Place of Business

12813 WILD ACRES ROAD
LARGO FL 34643

Mailing Address

12813 WILD ACRES ROAD
LARGO FL 34643

2. Principal Place of Business

21 2058 Poinsettia

Suite, Apt. #, etc.

22 City & State

23 Clearwater FL

Zip

24 34615

Country

25 USA

2a. Mailing Address

26 2058 Poinsettia

Suite, Apt. #, etc.

27 City & State

28 Clearwater FL

Zip

29 34615

Country

30 USA

3. Date Incorporated or Qualified

11/05/1987

4. FEI Number

59-2980291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

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

HANEY, J. BRUCE
2058 POINSETTIA
CLEARWATER FL 34615

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HANEY, J. BRUCE

STREET ADDRESS 2058 POINSETTIA

CITY-ST-ZIP CLEARWATER FL 34615

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME CRUM, DALE

STREET ADDRESS 2765 BRATTLE LANE

CITY-ST-ZIP CLEARWATER FL 34621

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME MAYS, ROBERT W

STREET ADDRESS 12813 WILD ACRES ROAD

CITY-ST-ZIP LARGO FL 34643

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE PDS ☐ DELETE

NAME HANEY, J. B

STREET ADDRESS 2058 POINSETTIA

CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

[Signature] SIGNATURE REQUIRED

4-19-99

CR2E037 (11/98)