

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 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90103 038 \*\*\*\*61.25

**DOCUMENT # N36667**

1. Corporation Name

**MINISTRIES OF HARVEY JOHN FRITSCH, INC.**

Principal Place of Business

C/O JOANNE C. FRITSCH  
13951 KENDALE LAKES CIRCLE. #804A  
MIAMI FL 33183  
US

Mailing Address

C/O JOANNE C. FRITSCH  
13951 KENDALE LAKES CIRCLE. #804A  
MIAMI FL 33183  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

02/19/1990

4. FEI Number

65-0172826

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

FRITSCH, JOANNE C.  
13951 KENDALE LAKES CIRCLE  
#804A  
MIAMI FL 33183

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 D ☐ DELETE  
NAME CORELL, DAVID F.  
STREET ADDRESS 14571 SW 124 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME FRITSCH, JOANNE C.  
STREET ADDRESS 13951 KENDALE LAKES CIR.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME CORELL, ROBERT F.  
STREET ADDRESS 14571 SW 124 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME GILBERT, RICHARD H  
STREET ADDRESS RT. 4, BOX 718  
CITY-ST-ZIP BLAIRSVILLE GA

TITLE D ☐ DELETE  
NAME UNDERWOOD, STANLEY  
STREET ADDRESS 6350 W. BAGHDAD STREET  
CITY-ST-ZIP DUNNELLON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1999

(305) 595 6550

Daytime Phone #

CR2E037 (1/98)