FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

Principal Place of Business

2000 LEISURE DR., N.W.

N38054

(5)

Mailing Address

2000 LEISURE DR., N.W.

HAVEN SEVENTH DAY CHURCH OF GOD MINISTRIES, INC.

Military Indiana in Space				G. Date incorporated of cidalities					
WINTER HAVEN FL 33881		WINTER HAVEN FL 33881				05/09/1990			
}						4. FEI Number		Applied For	
						59-3018886		Not Applicat	
2. Principal P	lace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional			
21		26				o. Communic of Gladad Dediced	Fee	Reguired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be			
22		27				Trust Fund Contribution Added to Fees			
City & State	e	City & State				7. Is this nonprofit corporation a homeowners association?			
23		28				☐ Yes ☒ No			
Zip	Country	Zip		intry		8. This corporation owes or has paid the curre			
24	25	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
<u> </u>	9. Name and Address of Current	Hegisterea Agent		10. Name and Address of New Hegistered Agent 81 Name					
}				°'	Name			-	
	, WILFRED H.		82 Street Addr		Street Addre	ess (P.O. Box Number is Not Acceptable)			
2000 LEISURE DR., NW									
WINTER			83				_		
1				84	City		85	Zip Code	
						FL	1 1		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the a	d by	-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changi	ng its registere	
agent. I a	im familiar with, and accept the obligation	tions of, Section 617.0503, F	lorida Stal	tutes.	· · · · · · · · · · · · · · · · · · ·	orts board or an octors. Thereby docopt the appo		(43 109)315100	
SIGNATURE.				_					
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Reg					it signature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P P P P P P P P P P P P P P P P P P P	L_ DELETE	1.1 1		ļ	i	Char	ige 🔲 Adoiti	
NAME	OLSON, WILFRED H.		1.2 N		1				
STHEET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33881			ITY-ST	- ZIP				
TITLE	DT	DELETE	2.1 T.		}		Char	nge 🔲 Additi	
NAME	OLSON, LEONA V.		2.2 N	AME	ļ				
STREET ADDRESS	2000 LEISURE DR., NW		2.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			ITY-S	T-ZIP				
TITLE	D	DELETE	3.1 TI	TLE	İ		Char	ige 🔲 Additi	
NAME	KENT, ROY W.		3.2 N	AME					
STREET ADORESS	15955 HICKORY CORNERS RI		3.3 STREE		ADDRESS				
CITY-ST-ZIP	HICKORY CORNERS MI 49060			my-s	T-ZIP				
TITLE	VSD	☐ DELETE	4.1 []	TLE			Char	ige 🔲 Additi	
NAME	ROUSEY, DEBRA		4.2 N	IAME					
STREET ADDRESS	DRESS 2005 LEISURE DR NW		4.3 ST	4.3 STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	5.1 11	TLE			Char	ige 🔲 Additi	
NAME	STROUPE, L. JAMES		5.2 N	AME	İ				
STREET ADDRESS	RESS 1510 ROBINSON DR 5.		5.3 \$	5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 C	5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TI				Char	ice 🔲 Additi	

1 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.

5.2 NAME 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 04 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified