

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
Feb 06, 1999 8:00 am
Secretary of State

02-06-1999 90021 024 ****61.25

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DOCUMENT # N38205

1. Corporation Name

FULNESS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

957 SW 71 AVENUE
NORTH LAUDERDALE FL 33068
US

Mailing Address

957 SW 71 AVENUE
NORTH LAUDERDALE FL 33068
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/16/1990

4. FEI Number

65-0200121

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROOKINS, JIMMY L.
957 SW 71 AVENUE
NORTH LAUDERDALE FL 33068

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

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 PD ☐ DELETE

NAME BROOKINS, JIMMY L.
STREET ADDRESS 957 SW 71 AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D ☐ DELETE

NAME WERNER, JERRY B.
STREET ADDRESS 3561 NW 99 AVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME RICHARDSON, DAVID
STREET ADDRESS 10935 NW 40TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VD ☐ DELETE

NAME NEWCOMBE, DAVID
STREET ADDRESS 11791 ROYAL PALM DRIVE #202
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ST ☐ DELETE

NAME STEPHENS, DORIS G.
STREET ADDRESS 459 NW 99 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)