**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38978** **(5)**

1. Corporation Name
**GENE WILLIAMS EVANGELISTIC ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| BOX 147<br>CALLAHAN FL 32011 | BOX 147<br>CALLAHAN FL 32011 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 03/23/1994
4. FEI Number: 23-7037351 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1236 McDuff Ave. | 26 P. O. Box 550940 |
| Suite, Apt. #, etc.<br>22 Suite 101 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Jacksonville, FL | City & State<br>28 Jacksonville, FL |
| Zip / County<br>24 32205 / 25 USA | Zip / Country<br>29 32255 / 30 USA |

9. Name and Address of Current Registered Agent

WILLIAMS, TIMOTHY
417 OAK ST
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name: Williams, Gene M.
82 Street Address (P.O. Box Number is Not Acceptable): 10113 Whipporewill Lane, #301
83
84 City: Jacksonville, FL 85 Zip Code: 32256

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: GENE M. WILLIAMS — Gene M. Williams — 6/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 11 TITLE | Chairman CD ☐ Change ☐ Addition |
| NAME | WILLIAMS, GENE M. | 12 NAME | Gene M. Williams |
| STREET ADDRESS | 161 RUE FONTAINE | 13 STREET ADDRESS | 10113 Whipporewill Lane |
| CITY-ST-ZIP | LITHONIA GA | 14 CITY-ST-ZIP | Jacksonville, FL 32256 |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAMS, TIMOTHY | 22 NAME | |
| STREET ADDRESS | 417 OAK ST | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CALLAHAN FL | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MCKINNEY, WILLIAM N | 32 NAME | |
| STREET ADDRESS | 213 E. NORTHGATE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | DUPLER, LARRY | 42 NAME | |
| STREET ADDRESS | 1300 S.W. AVE., E. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ANDREWS TX | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | BUMGARDNER J.B. SR | 52 NAME | |
| STREET ADDRESS | 177 STONEWALL JACKSON | 53 STREET ADDRESS | |
| CITY-ST-ZIP | CONROE TX | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | BRAKE, TOM | 62 NAME | |
| STREET ADDRESS | COUNTY ROAD 144 | 63 STREET ADDRESS | |
| CITY-ST-ZIP | ALVIN TX | 64 CITY-ST-ZIP | |

JBT 7/31

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gene M. Williams — 6/12/95 — 904/388-8008
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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