

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38978 (5)**  
1. Corporation Name  
**GENE WILLIAMS EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1236 MCDUFF AVE.**  
**SUITE 101**  
**JACKSONVILLE FL 32205**  
**P.O. BOX 550940**  
**JACKSONVILLE FL 32255**

2. Principal Place of Business 2a. Mailing Address  
**21 5665 NORMANDY BLVD.** **26 P.O. BOX 550940**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23 JACKSONVILLE, FL** **28 JACKSONVILLE, FL**  
Zip Country Zip Country  
**24 32205** **25 DUVAL** **29 32255** **30 DUVAL**

3. Date Incorporated or Qualified **07/02/1990** 3a. Date of Last Report **07/03/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**WILLIAMS, GENE M** **81 Name**  
**10113 WHIPPOORWILL LANE WHIPPOORWILL** **82 Street Address (P.O. Box Number is Not Acceptable)**  
**#301** **83**  
**JACKSONVILLE FL 32256** **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GENE M.	1.2 NAME	
STREET ADDRESS	10113 WHIPPOORWILL LANE WHIPPOORWILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TIMOTHY	2.2 NAME	
STREET ADDRESS	417 OAK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, WILLIAM N	3.2 NAME	
STREET ADDRESS	213 E. NORTHGATE	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPLER, LARRY	4.2 NAME	
STREET ADDRESS	1300 S.W. AVE., E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDREWS TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMGARDNER J.B. SR	5.2 NAME	
STREET ADDRESS	177 STONEWALL JACKSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKE, TOM	6.2 NAME	
STREET ADDRESS	COUNTY ROAD 144	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALVIN TX	6.4 CITY-ST-ZIP	

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 3, 1996* *904/786-1375*  
Date Daytime Phone #

CR2E037 (12/95)