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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

5665 NORMANDY BLVD.
SUITE 101
JACKSONVILLE FL 32205
US

P. O. BOX 550940
JACKSONVILLE FL 32255-0940
US

3. Date Incorporated or Qualified
07/02/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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
10113 WHIPPOORWILL LANE
#301
JACKSONVILLE FL 32256

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME WILLIAMS, GENE M.
STREET ADDRESS 10113 WHIPPOORWILL LANE
CITY - ST - ZIP JACKSONVILLE FL ☐ DELETE

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

TITLE PD
NAME WILLIAMS, TIMOTHY
STREET ADDRESS 417 OAK ST
CITY - ST - ZIP CALLAHAN FL ☐ DELETE

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

TITLE SD
NAME MCKINNEY, WILLIAM N
STREET ADDRESS 213 E. NORTHGATE
CITY - ST - ZIP IRVING TX ☐ DELETE

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

TITLE D
NAME DUPLER, LARRY
STREET ADDRESS 1300 S.W. AVE., E.
CITY - ST - ZIP ANDREWS TX ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Bill Anderson
4.3 STREET ADDRESS 19802 Powerscourt Drive
4.4 CITY - ST - ZIP Humble, TX 77346

TITLE D
NAME BUMGARDNER J.B. SR
STREET ADDRESS 177 STONEWALL JACKSON
CITY - ST - ZIP CONROE TX ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 2702 Werlein Street
5.4 CITY - ST - ZIP Houston, TX 77005

TITLE D
NAME BRAKE, TOM
STREET ADDRESS COUNTY ROAD 144
CITY - ST - ZIP ALVIN TX ☒ DELETE

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Art Buntin
6.3 STREET ADDRESS 2533 LaSalle St. Irving, TX 75062
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Gene M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1997

Date

Daytime Phone #0006779

CR2E037 (9/96)