

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90064 024 ****61.25

DOCUMENT # N38978

1. Corporation Name

GENE WILLIAMS EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

5665 NORMANDY BLVD.
SUITE 101
JACKSONVILLE FL 32205
US

Mailing Address

P. O. BOX 550940
JACKSONVILLE FL 32255
US



2. Principal Place of Business

21 1875 Oak Street
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 625
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/02/1990

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

City & State

23 Callahan,

City & State

28 Florida

Zip

Country

24 32011

25 Nassau

Zip

Country

29 32011

30 Nassau

9. Name and Address of Current Registered Agent

WILLIAMS, PAUL T
417 OAK STREET
CALLAHAN FL 32011

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

Paul T. Williams

2/19/99

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 ☐ DELETE

NAME
CD
WILLIAMS, GENE M.
STREET ADDRESS
20 JASMINE LANE
CITY-ST-ZIP
OXFORD GA 30054

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D
ANDERSON, BILL
STREET ADDRESS
19802 POWERS COURT DRIVE
CITY-ST-ZIP
HUMBLE TX

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D
BUNTEN, ART
STREET ADDRESS
2533 LASALLE ST.
CITY-ST-ZIP
IRVING TX

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

1875 Oak Street

Callahan, FL 32011

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

2223 LaMonte

Houston, TX 77018

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:

Paul T. Williams

2/19/99

(904) 786-1375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)