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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### **DOCUMENT # N45101**

I. Corporation Name

# GREATER APOSTOLIC ORIGINAL HOLY CHURCH OF GOD, I NCORPORATION

| <sup>o</sup> rincipal | Place | of | Business |
|-----------------------|-------|----|----------|
|                       |       |    |          |

Mailing Address

907 SW 3RD ST. OCALA FL 34474

P.O. BOX 743 OCALA FL 34478

## FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90002 018 \*\*\*\*61.25



| ٦ ' ' '             | Principal Place of Business 26   |               |                   |            | _   |                     | - 09/12/1991                          |  |               |             |                       |  |
|---------------------|--|---------------|-------------------|------------|---|---------------------|---------------------------------------|--|---------------|-------------|-----------------------|--|
| Suite, Apt.         |  |               | Apt. #, etc.      |            |   |                     | 4. FEI Number                         | <u> </u>   |               | A           | pplied For            |  |
| _ ` `               | ir, 0.0.   | 27            | ,                 |            |   |                     | 59-30760                              | 84   |               | l N         | ot Applicable         |  |
| City & Stat         | And the second s |               |                   |            |   |                     | 5. Certifcate of                      | 4.77   |               |             | Additional<br>equired |  |
| Zip                 | Country  | Zip Co        |                   |            |   |                     | 6. Election Can                       | npaign Financing   |               | \$5.00      | May Be                |  |
| 25 29 30            |  |               |                   |            |   |                     | Trust Fund Contribution Added to Fees |  |               |             | to Fees               |  |
|                     | 9. Name and Address of Current   | Registered    | Agent             |            |   |                     | 10. Name and                          | ddress of New F  | Registered A  | \gent       |                       |  |
|                     |  |               |                   |            |   | Name                | Name                                  |  |               |             |                       |  |
| WASHINGTON, DEBORAH |  |               |                   |            | 82 Street Address (P.O. Box Number is Not Acceptable)   |                     |                                       |  |               |             |                       |  |
| 3 PINE TRACE        |  |               |                   |            | On the Francisco (1 (0) Don Hallings to Hot (Noophania) |                     |                                       |  |               |             |                       |  |
|                     | OCALA FL 34472   |               |                   |            |   |                     |                                       |  |               |             |                       |  |
| OUALA FI            | L 344/2  |               |                   |            | 84 City 85 Zip Code                                     |                     |                                       |  |               |             | Cado                  |  |
|                     |  |               |                   |            | 84  | City                |                                       |  | FL            | 85 Zip      | COOR                  |  |
| 11. Pursuant        | to the provisions of Sections 617.0502   | and 617.150   | 8, Florida Statut | es, the a  | bove  | -named corpo        | ration submits this                   | statement for the  | purpose of    | changing it | s registered          |  |
| office or r         | enistered agent or both in the State o   | t Fiorida Suc | en change was a   | utnonzec   | ועסנ  | he corporation      | n's board of directo                  | rs. I hereby accer   | ot the appoin | itment as r | egistered             |  |
| agent. I a          | m familiar with, and accept the obligation   |               |                   | nga siau   | ules:<br>   | 1110                | 120                                   | =# 4/3   | - 29.         | 49          |                       |  |
| SIGNATURE           | Signature, typed or printed name of registered agent   | ng to         | NOTE              | Registered | Nagh.   | strinature redulted | when reinstating)                     | The state of the s | DATE          |             |                       |  |
| 12.                 | OFFICERS AND   |               |                   | 13.        |   |                     | ADDITIONS/C                           | HANGES TO OF   | FICERS AN     | DIRECT      | ORS IN 12             |  |
| TITLE               | D  |               | DELETE            | 1.1 TI     | TLE   |                     | ALRICIA M<br>O. BOY 717.              | osleu  |               | Change      | Addition              |  |
| AME                 | GREEN, JAMES   |               |                   | 1.2 N      | ME  | 7                   | 14 Boy 217                            | 3 92/5.4   | J. 374 G      |             | •                     |  |
|                     | 400 0144 44711 4147  |               |                   |            |   | ADDRESS .           | CA IA, FI                             | 24477.   |               |             |                       |  |
| TREET ADDRESS       | OCALA FL 34474   |               |                   |            | TY-ST   |                     | CATASE                                | 37770  |               |             |                       |  |
| ZITY-ST-ZIP         | D  |               | ☐ DELETE          | 2.1 TI     |   | -211                |                                       |  |               | Change      | Addition              |  |
| TILE                | •  |               | C 0202.2          | 2.2 N/     |   | · -                 |                                       |  |               | _ ,         | _                     |  |
| JAME                | DEMPSEY, DOROTHY   |               |                   |            |   | ADDRESS - ~ ~       |                                       |  |               |             | ~                     |  |
| STREET ADDRESS      | ·  |               | <del></del> -     |            |   | i i                 |                                       |  |               |             |                       |  |
| XTY-ST-ZIP          | OCALA FL 34475   |               | ☐ DELETE          | 2. 4 C     | 17Y-5   | 1-ZIP               |                                       |  |               | ☐ Change    | Addition              |  |
| ITTLE               | D  |               | □ bettir          |            |   |                     |                                       |  |               |             |                       |  |
| VAME                | RUTLEDGE, CHARLIE JR   |               |                   | 3.2 N      |   |                     |                                       |  |               |             |                       |  |
| STREET ADDRESS      |  |               |                   |            |   | ADORESS             |                                       |  |               |             |                       |  |
| CITY-\$T-ZIP        | OCALA FL 34475   | -             |                   | _          | ITY-S   | [-ZIP               |                                       |  |               | ☐ Change    | ☐ Addition            |  |
| TITLE               | GRAT   |               | ☐ DELETE          | 4.1 Tr     |   | :                   |                                       |  |               | [_] Griange |                       |  |
| <b>√AME</b>         | .E, NATHANIEL  |               |                   | 4.2 N      | AME   | ļ                   |                                       |  |               |             |                       |  |
| STREET ADDRESS      | PO BOX 1323 NA, 903 SW 3RD   | ST            |                   | 4.3 S      | TREET   | ADDRESS .           |                                       |  |               |             |                       |  |
| CITY-ST-ZIP         | OCALA FL 34473   |               |                   | _          | ty-st   | -ZIP                |                                       | un.u   |               |             | - A 1 86              |  |
| TITLE               | P  |               | ☐ DELETÉ          | 5.1 TI     |   | İ                   |                                       |  |               | ☐ Change    | ☐ Addition            |  |
| VAME                | Washington, Deborah  |               |                   | 5.2 N      |   |                     |                                       |  |               |             |                       |  |
| STREET ADDRESS      | 3 PINE TRACE LANE  |               |                   |            |   | ADDRESS             |                                       |  |               |             |                       |  |
| CITY-ST-ZIP         | OCALA FL 34472   |               |                   |            | TY-ST   | -ZIP                |                                       |  |               |             |                       |  |
| NTLE                | S  |               | ☐ DELETE          | 6.1 TI     | TLE   |                     |                                       |  |               | Change      | Addition              |  |
| VAME                | WEEMS, TERRY A   |               |                   | 6.2 N      | AME   |                     |                                       |  |               |             |                       |  |
| STREET ADDRESS      | AMA 4841 FATTI OT  |               |                   | 6.3 S      | TREET   | ADDRESS             |                                       |  |               |             |                       |  |
|                     | 00414 51 04476   |               |                   | 0.40       | TV 67   | 710                 | •                                     |  |               |             |                       |  |

OCALA FL 34475

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 pure like empowered.

SIGNATURE: Deborah Wash midden = 29-99 (352) 2.5 77

(2E037 (11/98)