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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45818

1. Corporation Name

MELANESIAN MINISTRIES, INC.

Principal Place of Business

1069 2ND STR SW
 LARGO FL 34640
 US

Mailing Address

1069 2ND STR SW
 LARGO FL 34640
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/30/1991

4. FEI Number

65-0293941

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

9. Name and Address of Current Registered Agent

HARRIS, DIANA L
 1069 2ND STR SW
 LARGO FL 34640

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

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 D ☐ DELETE

NAME GUMMOE, DAVID
 STREET ADDRESS RT 2 BOX 231 B3
 CITY-ST-ZIP LAFOLLETTE TN

TITLE D ☒ DELETE

NAME HARRIS, JACK
 STREET ADDRESS 302 WEST GRANT ST
 CITY-ST-ZIP LAFONTAINE IN

TITLE D ☒ DELETE

NAME MOWERY, REX
 STREET ADDRESS 3390 S BAILEY RD
 CITY-ST-ZIP WABASH IN

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME GUMMOE, DAVID
 1.3 STREET ADDRESS PO BOX 12785
 1.4 CITY-ST-ZIP Knoxville TN 37912

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Stephen W. Clapp
 2.3 STREET ADDRESS 703 Riverbend Rd.
 2.4 CITY-ST-ZIP Clinton, TN 37716

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Tom Allen
 3.3 STREET ADDRESS 725 West Outer Drive
 3.4 CITY-ST-ZIP Oak Ridge, TN 37830

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

Date

423-562-5863

Daytime Phone #

CR2E037 (11/98)