

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90001 030 \*\*\*\*61.25

**DOCUMENT # N46125**

1. Corporation Name

**CHURCH OF GOD, DAVENPORT, FL (EVENING LIGHT) INC**

Principal Place of Business

C/O RODNEY EDWARDS  
13501 SW 267TH ST  
MIAMI FL 33032  
US

Mailing Address

C/O RODNEY EDWARDS  
13501 SW 267TH ST  
MIAMI FL 33032  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/20/1991

4. FEI Number

59-3093643

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

EDWARDS RODNEY  
13501 SW 267 ST.  
MIAMI FL 33032

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 **VD** ☐ DELETE  
NAME **SHAFER, CARL R**  
STREET ADDRESS **166 FANSHAW COURT**  
CITY-ST-ZIP **HOLLY HILL SC 29059**

TITLE **SD** ☒ DELETE  
NAME **HARGRAVE, MARY E**  
STREET ADDRESS **2809 MEADOWLAKE PLACE**  
CITY-ST-ZIP **MUSKOGEE OK**

TITLE **TDPD** ☐ DELETE  
NAME **EDWARDS, RODNEY**  
STREET ADDRESS **13501 S W 267TH STREET**  
CITY-ST-ZIP **NARANJA FL**

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

2.1 TITLE **SD** ☒ Change ☐ Addition  
2.2 NAME **CRYSTAL JOHNSON**  
2.3 STREET ADDRESS **1312 S. 37TH STREET**  
2.4 CITY-ST-ZIP **MUSKOGEE OK 74401**

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

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: **RODNEY EDWARDS** 8-24-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-258-4925  
305-232-6289

CR2E037 (5/99)