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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(1)

APICHEAL A MILIATRICA

| FILED | | | | | | | | | | |
|-------|------|--------|--------|--|--|--|--|--|--|--|
| May | 19 | 1998 | 8:00am | | | | | | | |
| Sec | cret | ary of | State | | | | | | | |

| | NFOLU MINISTHIES, INC. | | | | | | | | | |
|---|--|--|--|--------|--|--|-------------------|-------------------|------------|-------------------------|
| Principal Place of Business Mailing Address | | | | | | . 198(1)61 610 81861 18119 1(61) 681 | VI 8111 VIB11 VII |)!! % !!!! | 31911 B191 | (1 4181) (49) |
| 705 W. VINE ST. 6018 CREWS LAKE RD BARTOW FL 33830 LAKELAND FL 33813 US | | | | | | 3. Date incorporated or Qualified 04/03/1992 | i | | | |
| | | | | | | 4. FEI Number | | F | | olied For |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 59-3138847 | | | | Applicable |
| 21 | · · · · · · · · · · · · · · · · · · · | 26 | | | 5. Certificate of Status Desired S8.75 Add Fee Requi | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing | | \$5 | .00 м | ay Be |
| 22 | | 27 | | | | Trust Fund Contribution | | | ded to | |
| City & Stat | | City & State | | | | 7. Is this nonprofit corporation a | | s asso No | ciation1 | ? |
| Zip | Country | Zip | Count | try | | 8. This corporation owes or has | _ | | | |
| 24 | 25 | | 30 | | | Personal Property Tax due Jui | | Yes | | No |
| | 9. Name and Address of Curr | ent Registered Agent | | 11 | Name | 10. Name and Address of New I | legistered | Agent | | |
| A 41/70 | MA POTA 1/ | | ° | " | Name | | | | | |
| | N, RITA K | | <u> </u> | 12 | Street Addre | ess (P.O. Box Number is Not Accept | able) | | | |
| | REWS LAKE RD. ND FL 33813 | | l _a | 3 | | | | | | |
| CANEDA | ND FL 33813 | | | | | | | | | |
| | | | 8 | 14 | City | | FL | 85 | Zip Co | ode |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 617.0 egi ste red agent, or both, in the Sta m f a miliar with, and accept the obt | 502 and 617.1508, Flor ida Statute ite of Florida. Such change was a igations of, Section 617.0503, Flo | s, the about horized rida Statut | by t | named corpo the corporation | oration submits this statement for the on's board of directors. I hereby acc | | chang | ing Its | registered egistered |
| SIGNATURE . | | | | | | | | | | |
| 12, | Signature, typed or printed name of registered in | agent and little if applicable (NOTE ND DIRECTORS | Registered A | \gent | signature required | d when reinstating) ADDITIONS/CHANGES TO OFF | DATE DATE | DIDE | CTODO | IKI 10 |
| TITLE | DP OITIGENS A | DELETE | 1.1 TITLE | | | ADDITIONS/CHANGES TO OFF | ICENS AND | Ch | | Addition |
| NAME | MUSIC, KENNETH J. | 2 | 1.2 NAM | | | | | L. 0., | ungo | |
| STREET ADDRESS | 705 W. VINE ST. | | 1.3 STRE | _ | DDRESS | | | | | |
| CITY-ST-ZIP | BARTOW FL | | 1.4 CITY | | | | | | | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | | | | | Ch | ange | Addition |
| NAME | Music, Herman D. | | 2.2 NAM | Ε | | | | | | |
| STREET ADDRESS | 705 W. VINE ST. | | 2.3 STRE | ET AC | DDRESS | | | | | |
| CITY-ST-ZIP | BARTOW FL | | 2. 4 CITY | /- ST- | - ZIP | | | | | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | : | | | | Ch | ange | Addition |
| NAME | MUSIC, JACK L. | | 3.2 NAM | E | | | | | | |
| STREET ADDRESS | 705 W. VINE ST. | | 3.3 STRE | et al | DDRESS | | | | | |
| CITY-ST-ZIP | BARTOW FL | | 3.4. CITY | | -ZIP | | | | | |
| TITLE | .DS | ☐ DELETE | 4.1 TITLE | | | | | ☐ Ch | ange | ☐ Addition |
| NAME | CHAYTON RITA K | | 4.2 8848 | 40 | ı | | | | | 1 |

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

6018 CREWS LK. RD.

MUSIC, DAFNEY J.

705 W. VINE ST.

MUSIC, GLENN E.

705 W. VINE ST.

BARTOW FL

BARTOW FL

LAKELANE FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4-21-00

901- 688-2842

Change

Change

Addition

Addition