

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 017 ****61.25

DOCUMENT # N48205

1. Corporation Name

SEVENFOLD MINISTRIES, INC.

Principal Place of Business

705 W. VINE ST.
BARTOW FL 33830

Mailing Address

6018 CREWS LAKE RD.
LAKELAND FL 33813
US

6 19373 9 0010 17 3



2. Principal Place of Business

21 650 Bearcreek, Dr.

2a. Mailing Address

26 Sevenfold Ministries, Inc.

3. Date Incorporated or Qualified

04/03/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BARTOW, FL.

27 6334 Georgia Av.

4. FEI Number

59-3138847

Applied For

Not Applicable

City & State

City & State

23 33830, POLK

28 LAKELAND, FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

24 25 33813 30 POLK

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYTON, RITA K
6018 CREWS LAKE RD.
LAKELAND FL 33813

81 Name

KAREN MUSIC

82 Street Address (P.O. Box Number is Not Acceptable)

6334 Georgia Av.

83

84 City

LAKELAND

FL

85 Zip Code

33813

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

KAREN MUSIC

(NOTE: Registered agent signature required when reinstating)

9/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUSIC, KENNETH J.	
STREET ADDRESS	705 W. VINE ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MUSIC, HERMAN D.	
STREET ADDRESS	705 W. VINE ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MUSIC, JACK L.	
STREET ADDRESS	705 W. VINE ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, RITA K.	
STREET ADDRESS	6018 CREWS LK. RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUSIC, DAFNEY J.	
STREET ADDRESS	705 W. VINE ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUSIC, GLENN E.	
STREET ADDRESS	705 W. VINE ST.	
CITY-ST-ZIP	BARTOW FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FARELL, AL
2.3 STREET ADDRESS	650 Bearcreek, Dr.
2.4 CITY-ST-ZIP	BARTOW, FL. 33830
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MUSIC, KAREN
3.3 STREET ADDRESS	6334 Georgia, Av.
3.4 CITY-ST-ZIP	LAKELAND, FL. 33830
4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAREN FARELL
4.3 STREET ADDRESS	650 Bearcreek, Dr.
4.4 CITY-ST-ZIP	BARTOW, FL. 33830
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MUSIC, APRIL
5.3 STREET ADDRESS	650 Bearcreek, Dr.
5.4 CITY-ST-ZIP	BARTOW, FL. 33830
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MUSIC, AMBER
6.3 STREET ADDRESS	650 Bearcreek, Dr.
6.4 CITY-ST-ZIP	BARTOW, FL. 33830

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 of Registered Agent

9/13/99 (941) 534-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)