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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N49139

1. Corporation Name

GLAD TIDINGS ASSEMBLY OF GOD, INC.

Principal Place of Business

**EAST ORANGE AND MAIN STREET
WEWAHITCHKA FL**

Mailing Address

**P.O. BOX 128
WEWAHITCHKA FL 32465
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/29/1992

4. FEI Number

59-2351251

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

**MILLER, W. NEAL
EAST ORANGE AND MAIN STREET
WEWAHITCHKA FL**

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]

Signatures, 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 **MILES, STEVE**
STREET ADDRESS **P O BOX 1145, ANNIE STREET**
CITY-ST-ZIP **WEWAHITCHKA FL**

TITLE **D** ☐ DELETE
NAME **WHITFIELD, MILTON**
STREET ADDRESS **P.O. BOX 506/ORANGE AVENUE**
CITY-ST-ZIP **WEWAHITCHKA FL**

TITLE **D** ☐ DELETE
NAME **DEESE, C G**
STREET ADDRESS **P O BOX 758 CATALPA AVENUE**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

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 **D** ☐ Change ☐ Addition
1.2 NAME **Ricky Carter**
1.3 STREET ADDRESS **P.O. Box 334, Chipola Avenue**
1.4 CITY-ST-ZIP **Wewahitchka, FL 32465**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Dallas Presley**
2.3 STREET ADDRESS **P.O. Box 37, Highway 71 S.**
2.4 CITY-ST-ZIP **Wewahitchka, FL 32465**

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:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

850-639-2661
Daytime Phone #

CR2E037 (11/98)