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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002336 (6)**

1. Corporation Name

MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.

Principal Place of Business

Mailing Address

PO BOX 5216
HUDSON FL 34667
US

P.O. BOX 5216
HUDSON FL 34674

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

59-3252705

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

HOWARD, DAVID
7012 ILLINOIS AVENUE
GIBSONTON FL 33534

address change →

81 Name **DAVID HOWARD**

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

4235 AMBER RIDGE LANE

83

84 City **VALRICO**

FL 85 Zip Code

33594

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 ☐ DELETE

P
NAME RICKETSON, ROBERT M SR.
STREET ADDRESS 8104 VALLEY STREAM LANE
CITY-ST-ZIP BAYONET PT. FL 34667

TITLE ☐ DELETE

VD
NAME WOHR, JACK
STREET ADDRESS 10811 UNION DR.
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ DELETE

TD
NAME ROTHMEIER, CHARLOTTE L
STREET ADDRESS 7535 ANDREWS AVE.
CITY-ST-ZIP HUDSON FL

TITLE ☐ DELETE

SD
NAME HILL, CHERRY
STREET ADDRESS P.O. BOX 5216 NA
CITY-ST-ZIP HUDSON FL

TITLE ☐ DELETE

D
NAME EDDY, WALTER B
STREET ADDRESS 7625 JUDITH CRESCENT
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Robert M. Rickerson

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1097)