

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004778 (7)

1. Corporation Name

ZEPHYRHILLS MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1363  
ZEPHYRHILLS FL 33539

Mailing Address

P.O. BOX 1363  
ZEPHYRHILLS FL 33539

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FORD, CRAIG  
38636 FIFTH AVE.  
ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified

10/21/1993

4. FEI Number

59-3222167

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

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 VPD  
NAME BRYANT, A.C.  
STREET ADDRESS 33425 STATE ROAD 54 WEST  
CITY-ST-ZIP ZEPHYRHILLS FL ☒ DELETE

TITLE PD  
NAME FORD, CRAIG  
STREET ADDRESS 38636 FIFTH AVE.  
CITY-ST-ZIP ZEPHYRHILLS FL ☐ DELETE

TITLE SD  
NAME HUGHES, CHUCK  
STREET ADDRESS 6251 FT KING ROAD  
CITY-ST-ZIP ZEPHYRHILLS FL ☒ DELETE

TITLE TD  
NAME YATES, ROBERT G.  
STREET ADDRESS 5855 SIXTEENTH ST.  
CITY-ST-ZIP ZEPHYRHILLS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME McVay, Bill  
1.3 STREET ADDRESS 38528 Sparrow Court  
1.4 CITY-ST-ZIP Dade City, FL ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME Genton, Marc  
3.3 STREET ADDRESS 8648 Wire Road  
3.4 CITY-ST-ZIP Zephyrhills, FL ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *[Signature]* Rev. R. Craig Ford July 8, 1998 (813)782-5645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED  
Jul 16 1998 8:00am  
Secretary of State

