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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002560 (0)

1. Corporation Name

THE GATHERING PLACE WORSHIP CENTER, INC.

Principal Place of Business

161 ACADEMY OAKS PLACE
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 950596
LAKE MARY FL 32785-0596



3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 3070 W. Lake Mary Blvd.

Suite, Apt. #, etc.

22 Suite 1C

City & State

23 Lake Mary FL

24 Zip 32746

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

29 Zip

Country

30

4. FEI Number

59-3255675

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINN, SAMI G
161 ACADEMY OAKS PLACE
ALTAMONTE SPRINGS FL 32714

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 D ☐ DELETE

NAME HINN, SAMI G
STREET ADDRESS 161 ACADEMY OAKS PLACE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE

NAME HINN, ERIKA G
STREET ADDRESS 161 ACADEMY OAKS PLACE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☒ DELETE

NAME HINN, MICHAEL
STREET ADDRESS 585 SABAL LAKE DR., #205
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE

NAME KEEFAUVER, ROBERT L
STREET ADDRESS 156 TERVOR CT.
CITY-ST-ZIP HEATHROW FL 32746

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

300 SHII Forest Terrace
Sanford FL 32771

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 do 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:

Erika Hinn

1-9-96

(407) 869-1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018618

CR2E037 (9/96)