

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90173 021 ****61.25

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1. Corporation Name

THE GATHERING PLACE WORSHIP CENTER, INC.

150234 - 90173 - 21

Principal Place of Business

**3870 W LAKE MARY BLVD
SUITE 1-C
LAKE MARY FL 32746
US**

Mailing Address

**P.O. BOX 950596
LAKE MARY FL 32795**



2. Principal Place of Business

21 1701 Orange Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
05/16/1994

4. FEI Number
59-3255675

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

City & State

23 Sanford, FL

City & State

28

Zip

24 32771

Country

25 USA

Zip

29

Country

30

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

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

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 **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 **KEEFAUVER, ROBERT L**
STREET ADDRESS **300 STILL FOREST TERRACE**
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☐ DELETE
NAME **JEFF WELKER**
STREET ADDRESS **1129 ORANGE BLVD.**
CITY-ST-ZIP **LAKE MARY, 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 **D** ☒ Change ☐ Addition
3.2 NAME **Keefauver, Robert L.**
3.3 STREET ADDRESS **422 Grandview Avenue North**
3.4 CITY-ST-ZIP **Sanford, FL 32771**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 407-330-0410
Date Daytime Phone #

CR2E037 (1/98)