## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 **DOCUMENT #** N94000002904 (0)

**FILED** May 13 1998 8:00am Secretary of State

	on Name	• •	•		
ES, IN	SELIEVER'S WORSHIP CEN IC. ce of Business	TER, OUTREACH MINIS  Mailing Address	STRI		
,		•			
702 NE 25TH STREET 702 NE 25TH STREET GAINESVILLE FL 32801 GAINESVILLE FL 32801			3. Date Incorporated or Qualified		
				06/08/1994	
				4. FEI Number Applied	_
2. Principal (	Place of Business	2e. Mailing Address	<del></del> -	NOT APPLICABLE Not App	
21		26		5. Certificate of Status Desired	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May B	
22		27		Trust Fund Contribution Added to Fees	
City & Sta	ite	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No	le
24	25 9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. Yes No. No. Name and Address of New Registered Agent	
	0. 10		81 Name		
RROVA	n, william j				
	25TH STREET		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	SVILLE FL 32601		83	<del></del>	
47 11/104	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statul	es, the above-named corp		stered
office or i	registered agent, or both, in the State am femiliar with, and accept the oblid	e of Florida. Such change was a nations of Section 617 0503. Fit	authorized by the corpora orida Statutes	poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regist	ered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ag		E: Registered Agent signature requi		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD PD	☐ DELETE	1.1 TITLE	☐ Change ☐	Addition
HAME	BROWN, WILLIAM J		1.2 NAME		
STREET ADDRESS	702 NE 25TH STREET		1.3 STREET ADORESS		
CITY-ST-ZIP	GAINESVILLE FL 32601	DELETE	1.4 CITY-ST-ZIP	Change	Addition
TITLE	JONES, DON	☐ OELESE	2.1 TITLE		MUUIIIQII
NAME	1915 S.W. 73RD TERR		2.2 NAME		
STREET ADDRESS	GAINESVILLE FL		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE	VD VD	DELETE	2.4 CITY-SI-ZIP	Change L	Addition
NAME	MCCRAY, DARRELL F	LE PELLI	3.2 NAME	TO Miles	
STREET ADDRESS	POST OFFICE BOX 1208		3.3 STREET ADDRESS	cmory F. Miller 106 S.E. 115T Aiwes Ville, FL 32604	
CITY-ST-ZIP	ALACHUA FL 32615		3.4. CITY-ST-ZIP	Arries wille FL 32 Gow	
	SD	☐ DELETE	4.1 TITLE	☐ Change ☐	Addition
TITLE		L DELETE		— · · •	
TITLE NAME	WHITE, DOROTHY	C otter	4.2 NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WHITE, DOROTHY 1015 NE 22ND STREET	U ULLCIE			
NAME STREET ADDRESS	1015 NE 22ND STREET		4.3 STREET ADDRESS		
NAME				Change []	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1015 NE 22ND STREET GAINESVILLE FL 32601-4759	<u> </u>	4.3 STREET ADDRESS 4.4 DITY-ST-ZIP	☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	1015 NE 22ND STREET GAINESVILLE FL 32601-4759 TD	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1015 NE 22ND STREET GAINESVILLE FL 32601-4759 TO MILLER, BRENDA	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change [_]	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1015 NE 22ND STREET GAINESVILLE FL 32601-4759 TD MILLER, BRENDA 309 SW 16TH AVENUE APT.	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-2IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP 6.1 TITLE	Channa IAP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1015 NE 22ND STREET GAINESVILLE FL 32601-4759 TD MILLER, BRENDA 309 SW 16TH AVENUE APT.	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-2IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP 6.1 TITLE	Channa IAP	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1015 NE 22ND STREET GAINESVILLE FL 32601-4759 TO MILLER, BRENDA 309 SW 16TH AVENUE APT. GAINESVILLE FL 32601-4759	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-2IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP 6.1 TITLE		Addition

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Plorida 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.