

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90043 014 ****61.25

DOCUMENT # N94000002904

1. Corporation Name

THE BELIEVER'S WORSHIP CENTER, OUTREACH MINISTRIES, INC.

Principal Place of Business

702 NE 25TH STREET
GAINESVILLE FL 32601

Mailing Address

702 NE 25TH STREET
GAINESVILLE FL 32601



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/08/1994

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

BROWN, WILLIAM J
702 NE 25TH STREET
GAINESVILLE FL 32601

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 PD ☐ DELETE

NAME BROWN, WILLIAM J
STREET ADDRESS 702 NE 25TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE VD ☐ DELETE

NAME JONES, DON
STREET ADDRESS 1915 S.W. 73RD TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME MILLER, E F
STREET ADDRESS 1106 SE 11ST
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE SD ☒ DELETE

NAME WHITE, DOROTHY
STREET ADDRESS 1015 NE 22ND STREET
CITY-ST-ZIP GAINESVILLE FL 32601-4759

TITLE TD ☐ DELETE

NAME MILLER, BRENDA
STREET ADDRESS 309 SW 16TH AVENUE APT. 102
CITY-ST-ZIP GAINESVILLE FL 32601-4759

TITLE TD ☐ DELETE

NAME BROWN, G
STREET ADDRESS 702 NE 25TH ST
CITY-ST-ZIP GAINESVILLE FL 32641

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

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:

WILLIAM J. BROWN

Date

Daytime Phone #

4/27/99 352-371-6984

CR2E037 (1/98)