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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPAREMENT OF STATE

Sandra B. Mortham

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Aug 01 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005504 (5)

CHOSEN GENERATION MINISTRIES, INC.

| Principal Place | of Business | Mailing Address | | | a materi dibete di kat melat meter meter defit edne |
|---------------------------------------|--|---|---|---|---|
| 144 COUNTY RO LAKE PLACID FL US | | 144 COUNTY ROAD 29 LAKE PLACID FL 33852-9210 US | | | |
| us | | • | | Date Incorporated or Qualified 11/03/1994 | 3a. Date of Last Report 05/17/1996 |
| 2. Principal Pla | | 2a. Mailing Address 26 /3.25 OH) | A1/6 | 4. FEI Number 65-0535908 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | 6. Election Campaign Financing | Fee Required \$5.00 May Be |
| is Set | Country | 28 SEBRING | FK. Country | Trust Fund Contribution | Added to Fees |
| 4 338 | 72 25 USA | | 30 USA | | ☐ Yes 🔛 No |
| | 9, Name and Address of Curre | nt Registered Agent | 641 11 | 10. Name and Address of New R | egistered Agent |
| PUGH, C | ONNIE E | | 81 Name | MCDowess, SAN Address (P.O. Box Number's Not Accepte | DRA S. |
| | NTY ROAD 29 | | | Address (P.O. Box Number Ts Not Accepte | ble) |
| | ACID FL 33852 | | 83 | | |
| • | | | B4 City | SEDICING | FL 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 617.05 | 02 and 617.1508, Florida Statute | s, the above-named | corporation submits this statement for the | purpose of changing its registered |
| office or re agent. I am | gistered agent, or both, in the Stati n lamiliae with, and accept the oblig | a of Florida. Such change was a ations of, Section 617.0503, Flo | uthorized by the corp rida Statutes. | poration's board of directors. I hereby acce | ept the appointment as registered |
| SIGNATURE | Sandras 1.7 | Mhowell_ | - | Ke | 4,23,1997 |
| 12. | our source, typed or printed name of registyred ac | ND DIRECTORS (NOTE | : Registered Agent signature | required when reinstaling) ADDITIONS/CHANGES TO OFF | CERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | PD | Change Addition |
| NAME | PUGH, JAMES R | | 1.2 NAME | SANDRA S. MODOLDEL | L CCEV.) |
| STREET ADDRESS | 144 COUNTY ROAD 29 | | 1.3 STREET ADDRESS | 1325 OHIO AVE | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | | 1.4 CITY+ST-ZIP | SEBRING, FL 33872 | |
| TITLE | VD | DELETE | 2.1 TITLE | VD | Change Addition |
| NAME | FAUST, ERIC D | | 22 NAME | BRIAN J. CREWS | |
| STREET ADDRESS | 810 SE 20TH COURT | | 2.3 STREET ADDRESS | 2620 AVENUEN. | , . . |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | DELETE | 2.4 CITY-ST-ZIP | PLANO, TX 75074 | Change Addition |
| TITLE | DIRECTOR | DELETE | 3.1 TITLE | DICECTOR. | K Change Addition |
| | CONNIE F. PUGH | | 3.2 NAME | BRADY OR CRETOS | |
| STREET ADDRESS | 144 COUNTY Rd 29 Hake Placed Th 3 | 2057 | 3.3 STREET ADDRESS | 320 LAKE EDGE DC. OXFORD, NI 4805 | , |
| CITY-ST-ZIP TITLE | Fake riacio it 3 | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | CATURE, 114 7000 | Change Addition |
| NAME | | □ otten | 4. 2 NAME | | E ounde E house. |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME . | A A CONTRACTOR | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |
| | | | | | |
| 44 (22) | y certify that the information supplied indicated on this annual report or | ed with this filing does not qualify supplemental annual report is tro | y for the exemption si ue and accurate and | tated in Section 119.07(3)(i), Florida Statut I flat my signature shall have the same leg eport as required by Chapter 617, Florida | es. I further certify that the al effect as if made under oath: th |