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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005504 (5)**

1. Corporation Name

**CHOSEN GENERATION MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**1325 OHIO AVE.  
SEBRING FL 33872  
US**

**1325 OHIO AVE.  
SEBRING FL 33872  
US**

3. Date Incorporated or Qualified

**11/03/1994**

4. FEI Number

**65-0535908**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 3919 TANGIER ST.**

**26 3919 TANGIER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

27

Zip

Country

Zip

Country

24

25

29

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDOWELL, SANDRA S  
1325 OHIO AVE.  
SEBRING FL 33872**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**3919 TANGIER ST.**

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

**SANDRA S. MCDOWELL**

*Sandra S. McDowell*

**4/27/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
MCDOWELL, SNADRA S  
1325 OHIO AVE.  
SEBRING FL 33872**

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**VD  
CREWS, BRIAN J  
2620 AVE. N.  
PLANO TX 75074**

1.2 NAME ☒ Change ☐ Addition

TITLE ☐ DELETE

**D  
CREWS, BRADY W  
320 LAKE EDGE DR.  
OXFORD MI 48051**

1.3 STREET ADDRESS **3919 TANGIER ST.**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **2816 ROCKACROOK ST.**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **2860 PINEKNOLL DR, APT. 2008**

3.3 STREET ADDRESS **AUBURN HILLS, MI 48326**

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.

SIGNATURE: *Sandra S. McDowell* **4/27/98 941-385-1077**

CR2E037 (10/97)