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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000006296 (7)

1. Corporation Name

"GOSPEL FOR SOUTHEAST ASIA MINISTRIES INC."



Principal Place of Business

Mailing Address

500 GREATON AVE  
DAVIE FL 33325

500 GREATON AVE  
DAVIE FL 33325

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

65-0549638

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAHAM M.  
500 GREATON AVE  
DAVIE FL 33325

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ABRAHAM M  
STREET ADDRESS 500 GREATON AVE  
CITY-ST-ZIP DAVIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS SUSAN ABRAHAM  
CITY-ST-ZIP 500 GREATON AVE  
DAVIE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS ITTYCHERIA, P I  
CITY-ST-ZIP 500 GREATON AVE  
DAVIE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS WELSLEY ABRAHAM  
CITY-ST-ZIP 500 GREATON AVE  
DAVIE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS JOHN GRAHAM  
CITY-ST-ZIP 10932 BARMEN AVE  
CULVER CITY CA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

10/2/98

2.3.3.58

CR2E037 (1097)