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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000000200 (4)

1. Corporation Name

BUD WILLIAMS MINISTRIES, INC.

Principal Place of Business

500 WINDERMERE DRIVE  
LAKELAND FL 33809

Mailing Address

500 WINDERMERE DRIVE  
LAKELAND FL 33809-3381



3. Date Incorporated or Qualified  
01/13/1995

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3299854

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, REV. HUGH E III  
500 WINDERMERE DRIVE  
LAKELAND FL 33809

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 DP ☐ DELETE  
NAME WILLIAMS, REV. HUGH E III  
STREET ADDRESS 500 WINDERMERE DR.  
CITY-ST-ZIP LAKELAND FL 33809

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME EVANS, WILLIAM E  
STREET ADDRESS 6005 DEEN STILL RD.  
CITY-ST-ZIP LAKELAND FL 33804

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D  
2.3 STREET ADDRESS Mattia, Louis  
2.4 CITY-ST-ZIP 4315 NW 23rd Ave  
Gainesville, FL 32606

TITLE D ☒ DELETE  
NAME EVANS, JULIE P  
STREET ADDRESS 6005 DEEN STILL RD.  
CITY-ST-ZIP LAKELAND FL 33804

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Mattia, Joan  
3.4 CITY-ST-ZIP 4315 NW 23rd Ave  
Gainesville, FL 32606

TITLE V ☐ DELETE  
NAME WILLIAMS, FRANCES H  
STREET ADDRESS 500 WINDERMERE DR.  
CITY-ST-ZIP LAKELAND FL 33809

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME KELLE, ROBERT C  
STREET ADDRESS 1025 O'DONIEL DR.  
CITY-ST-ZIP LAKELAND FL 33809

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 do 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: Frances H. Williams, Frances H. Williams 1/9/97 991-853-5516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052930

CR2E037 (9/96)