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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000200 (4)**
1. Corporation Name

BUD WILLIAMS MINISTRIES, INC.

Principal Place of Business

Mailing Address

**500 WINDERMERE DRIVE
LAKELAND FL 33809**

**500 WINDERMERE DRIVE
LAKELAND FL 33809**

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

59-3299854

Applied For

Not Applicable

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

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

**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	
TITLE	<input type="checkbox"/> DELETE
NAME	DP WILLIAMS, REV. HUGH E III
STREET ADDRESS	500 WINDERMERE DR.
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	<input type="checkbox"/> DELETE
NAME	BV MATTIA, LOUISE
STREET ADDRESS	H315 NW 23 AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MATTIA, JOAN
STREET ADDRESS	4315 NW 23 AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	YST WILLIAMS, FRANCES H
STREET ADDRESS	500 WINDERMERE DR.
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ST KELLE, ROBERT C
STREET ADDRESS	1025 O'DONIEL DR.
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Paul Lutz
1.3 STREET ADDRESS	2921 Gant Quarters Cir.
1.4 CITY-ST-ZIP	Maricetta, GA 30068
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Carol Lutz
2.3 STREET ADDRESS	2921 Gant Quarters Cir.
2.4 CITY-ST-ZIP	Maricetta, GA 30068
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Vivian Tucker
3.3 STREET ADDRESS	105 Riverdale N.
3.4 CITY-ST-ZIP	Tuscaloosa, AL 35406
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frances H. Williams **Frances H. Williams** 4/8/98 94/8535516

CR2E037 (10/97)