

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90019 032 ****61.25

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DOCUMENT # N95000000200

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/13/1995

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Frances H. Williams, Secretary

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 D
NAME LUTZ, PAUL
STREET ADDRESS 2921 GANT QUARTERS CIR
CITY-ST-ZIP MARIETTA GA 30068

☐ DELETE

TITLE D
NAME LUTZ, CAROL
STREET ADDRESS 2921 GANT QUARTERS CIR
CITY-ST-ZIP MARIETTA GA 30068

☐ DELETE

TITLE D
NAME TUCKER, VIVIAN
STREET ADDRESS 105 RIVERDALE N
CITY-ST-ZIP TUSCALOOSA AL 35406

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D VP
1.2 NAME Mattia, Lou (The Rev.)
1.3 STREET ADDRESS 4315 NW 23rd
1.4 CITY-ST-ZIP Gainesville, FL 32606

☐ Change

☒ Addition

2.1 TITLE D
2.2 NAME Mattia, Joan (The Rev.)
2.3 STREET ADDRESS 4315 NW 23rd
2.4 CITY-ST-ZIP Gainesville, FL 32606

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Frances H. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 941 853 -
Date Daytime Phone # 5516

CR2E037 (11/98)