FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

WASSUNG, GEORGE 701 S.W. 9TH ST. **OKEECHOBEE FL 34974**

Suite, Apt. #, etc.

City & State

701 G.W. 9TH ST. OKEECHOBEE FL \$4974

21

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23 Zip

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N95000001024 (7)

GOD'S REST MINISTRIES, INC.

FILE	D
May 20 199	8 8:00am
Secretary of	of State

Business Mailing Address		* 10011401 010 10101 01171 00111 00111 00111 0	nift tiålt gelig tilti digt idel	
. 701 S.W. 9TH ST. OKEECHOBEE FL 3497		74	3. Date Incorporated or Qualified 03/02/1995	
			4. FEI Number 65-0568108	Applied For Not Applicable
of Business	2a. Mailing Address 26	****	5. Certificate of Status Desired	\$8.75 Additional Fee Required
etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	City & State		7. Is this nonprofit corporation a homeowner Yes	s association?
Country 25	Zip 29	Country 30	B. This corporation owes or has pald the cur Personal Property Tax due June 30.	rrent year Intangible Yes No
9. Name and Address of C	current Registered Agent		10. Name and Address of New Registered	Agent
) CEODOE		81 Name		
A, GEORGE OTH ST.		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
BEE FL 34974		63		
		84 City	FL	85 Zip Code
Istered agent, or both, in the	7.0502 and 617.1508, Florida S State of Florida. Such change v obligations of, Section 617.050	vas authorized by the corpo	corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	changing its registered pointment as registered
nature, typed or printed name of registr	red agent and title if applicable	(NOTE: Registered Agent algnature in	equired when reinstating) DATE	D DIRECTORS IN 12
OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	

 Pursuant to the provisions of Soc office or registered agent, or bot agent. I am familiar with, and ac-SIGNATURE Signature, typed or printed nan 12. DELETE Change TITLE 1.1 TITLE ___ Addition WASSUNG, GEORGE NAME 1.2 NAME 701 S.W. 9TH ST. STREET ADDRESS 1.3 STREET ADDRESS **OKEECHOBEE FL 34974** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE WASSUNG, CHERYL NAME 2.2 NAME 701 S.W. 9TH ST. STREET ADDRESS 2.3 STREET ADDRESS OKEECHOBEE FL 34974 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 Tetl F CLEMONS, OTIS J NAME 3.2 NAME 19805A HWY. 98 NORTH STREET ADDRESS 3.3 STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition | Change TITLE 4.1 TITLE PIGOTT, CHARLES M NAME 4. 2 NAME 4211 UNDON AVE STREET ADDRESS 4.3 STREET ADDRESS PALM BEACH GARDEN FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SWEATT, GEROGE L NAME 5.2 NAME STREET ADDRESS 7109 SE 8TH ST. 5.3 STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP 5.4 City - ST - ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

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 of truster 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 attempt of the corporation of the corpor

SIGNATURE:

(94) 762 1412