## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500002429

1. Corporation Name

DR\_HATTIE C-RILEY MINISTRIES, INC.-

ANDO RESTORATION Church OF GOD, Inc.

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4548 BANNEKA ST ORLANDO FL

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

US

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4548 BANNEKA STREET ORLANDO FL 32811

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90025 024 \*\*\*\*61.25

8 7 9 1 487011 - 90025 - 24

Applied For

\$8.75 Additional

Fee Required

Not Applicable



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/18/1995

59-3303759

4. FEI Number

Zip	Country	Zip		Country			<ol><li>Election Campaign Finance</li></ol>	-		- 1	
24	25	29	30				Trust Fund Contribution	st Fund Contribution Adde		ed to Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
RILEY, HATTIE M REV.					82 Street Address (P.O. Box Number is Not Acceptable)						
4548 BANNEKA STREET											
ORLANDO	FL 32811			83							
				84	City		,	FL			
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such chan	ioe was authori	zea dv	the como	corporation'	ation submits this statement for s board of directors. I hereby a	the purpose of ccept the appo	changing its intment as reg	registered pistered	
SIGNATURE		and title if applicable	(NOTE: Registe	ned Anen	t signatura n	equined w	hen reinstating)	DATE		— í	
12.	Signature, typed or printed name of registered agent a OFFICERS AND			3.	, organization of the		ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12	
TITLE	TD			1 TITLE			· -	****	Change	Addition	
	···		2 NAME								
NAME	There's that the Military				ADDDESS						
STREET ADDRESS	**				ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32811			4 CITY-S	I-ZIP				Change	Addition	
TITLE	D	ں ت		1 TITLE							
NAME	COLEMAN, MILTON L			2 NAME					9		
STREET ADDRESS	1				ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32819			4 CITY-S	T- ZIP		77		[ ] Change	Addition	
TITLE	30		1 TITLE		5	D		☐ Change	Accident		
NAME	COLEMAN, TERRY	•		2 NAME		B	LEY LEON		-		
STREET ADDRESS	5021 STEYR STREET		3.	3 STREET	ADDRESS	45	LEY, LEON 148 BANNEKAS SLANDO, FURIO	TREET	811		
CITY-ST-ZIP	OTIONIDO TE OCOTO			4. CITY-S	T-ZIP	DF	LANDO FLORIC	A 3	011		
TITLE			DELETE 4.	1 TITLE			•		☐ Change	☐ Addition	
NAME			4.	2 NAME							
STREET ADDRESS			4.	3 STREET	ADORESS						
CITY-ST-ZIP			4.	4 CITY-S	T-ZIP						
TITLE			ELETE 5.	.1 TITLE					Change	Addition	
NAME			5.	2 NAME							
STREET ADDRESS			5.	3 STREET	FADDRESS					ļ	
CITY-ST-ZIP			5.	4 CITY-S	T-ZIP						
TITLE			ELETE 6	1 TITLE					Change	☐ Addition	
NAME			6	2 NAME							
STREET ADDRESS	J		6	3 STREE	ADDRESS						
CITY-ST-ZIP			6	4 CITY-S	T-ZIP						
14 I horoby	I certify that the information supplied with	this filing does not	qualify for the	exempt	on stated	in Se	ction 119.07(3)(i), Florida Statu	es. I further ce	rtify that the in	formation	
indicated officer or	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed or on an attach	annual report is true er or trustee empoy	e and accurate a vered to execut	and tha e this r	t my sign eport as i	ature s require	inali nave ine same legal eπeci.	as it made und	ier oaun, unai i	am an	