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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000004424

1. Corporation Name

UNTO HIM MINISTRIES, INC.

Principal Place of Business

5329 DIPLOMAT CIRCLE
STE C
OALNDO FL 32810
US

Mailing Address

P.O. BOX 941381
MAITLAND FL 32794-1381



2. Principal Place of Business

21 **611 N. Wymore Road**

Suite, Apt. #, etc.

22 **Suite 101**

City & State

23 **WINTER PARK, FLA**

Zip

24 **32789**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

59-3336193

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

**HEMPHILL, BARBARA
2136 CHIPPEWA TRAIL
MAITLAND FL 32751**

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

BARBARA HEMPHILL - EXECUTIVE DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SINGLETON, DWIGHT**
STREET ADDRESS **1065 LUNDY CT**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ DELETE
NAME **THOMPSON, NANCY**
STREET ADDRESS **5310 LAKE HOWELL RD.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☐ DELETE
NAME **BECTION, BILL**
STREET ADDRESS **542-21 ORANGE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **SD** ☐ DELETE
NAME **BECTION, PHYLLIS**
STREET ADDRESS **542-21 ORANGE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **TD** ☒ DELETE
NAME **PHILLIPS, MARGIE**
STREET ADDRESS **1700 DIANA DR.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ DELETE
NAME **MOORE, NANCY**
STREET ADDRESS **20021 KEWANEE TRAIL**
CITY-ST-ZIP **CASSELBERRY FL 32707**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VD HEMPHILL, John**
1.3 STREET ADDRESS **2136 CHIPPEWA TR.**
1.4 CITY-ST-ZIP **MAITLAND, FL.**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **NANCY SPEARS**
2.3 STREET ADDRESS **1015 LAKE ROGERS BLVD**
2.4 CITY-ST-ZIP **OVIEDO, FL 32765**

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (407)365-3484

DATE

Daytime Phone #

CR2E037 (11/98)