5-19.98 B- 7(94) FILE NOW: FILING FÉE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name N96000000867 (9)

WORSHIP EQUIPPERS MINISTRIES, INC.

Principal Place of Business			Mailing Address				I LEGINSON OLD SOME SIMIL ADRIA ORBIS SOME ODSIA ORBIS CITINO TAME LOTA LOTA
6728 NW 34TH WAY			6728 NW 34TH WAY				3. Date Incorporated or Qualified
GAINESVILLE FL 32653			GAINESVILLE FL 32653				02/19/1996
							4. FEI Number Applied For
							59-3360607 Not Applicable
2. Principal Place of Business			2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional
21		26					Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
City & State		27	City & State				Trust Fund Contribution
23		20	28				7. Is this nonprofit corporation a homeowners association?
	Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	•	30			Personal Property Tax due June 30. Yes V No
J = 1		ess of Current Regis	stered Agent	1001			10. Name and Address of New Registered Agent
					81	Name	ne
8CHULTZ, De an F					62	Street A	et Address (P.O. Box Number is Not Acceptable)
6728 NW 34TH WAY						OBOOK	or radious (1.5. por radios to ratification
GAINES	VILLE FL 32653				63		
					84	City	85 Zip Code
		,,				_ *	FL `` `
11. Pursuant office or	to the provisions of Sec registered agent, or both	tions 617.0502 and 6 h. in the State of Flori	i17.1508, Florida Statu da. Such change was	tes, the al authorized	oove d by	e-named the corp	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and acc	cept the obligations o	f, Section 617.0503, F	lorida Stat	utes	3.	
SIGNATURE							
12.	Signature, typed or printed name	o of registered agent and title DEFICERS AND DIREC		12.	i Age	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	I PD	I FIGENS AND DITE	DELETE	1.1 10	Ti E		Change Addition
NAME	SCHULTZ, DEAN F		1.21				
STREET ADDRESS	6728 NW 34TH W			ľ		ADDRESS	25
CITY-ST-ZIP	GAINESVILLE FL			1.4 CI			
TITLE	STD		DELETE	2.1 TI			Change Addition
NAME	SCHULTZ, GLORI	ANNE		2.2 NA	AME		
STREET ADDRESS	6728 NW 34TH W			2.3 ST	AEET.	ADDRESS	38
CITY-ST-ZIP	GAINESVILLE FL	32653		2.40	ITY-S	ST-ZIP	
TITLE	VO		☐ DELETE	3.1 Ti	TLE		☐ Change ☐ Addition
NAME	DEMILDT, HANS			3.2 NA	ME		
STREET ADDRESS	1900 SNOOK DRI			3.3 ST	REET.	ADDRESS	' s
CITY-ST-ZIP	DE LTONA FL 327	38		3.4. C	ITY-S	T-ZIP	
TITLE	-		☐ DELETE	4.1 Ti	TLE		☐ Change ☐ Addition
NAME	İ			4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET.	ADDRESS	ıs
CITY-ST-ZIP	ļ. <u> </u>			4.4 Cf	TY-\$1	T-ZIP	
TITLE			☐ DELETE	5.1 TII	ſLE		Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET	ADDRESS	is
CITY-ST-ZIP				5.4 CI		T-ZIP	
TITLE	1		☐ DELETE	6.1 TH			☐ Change ☐ Addition
NAME				6.2 NA	ME		
STREET ADDRESS				6.3 ST	REET	ADDRESS	is

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 is 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.

6.4 CITY - ST - ZIP

FILED

May 19 1998 8:00am

Secretary of State