

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**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90247 048 \*\*\*\*61.25

**DOCUMENT # N96000001056**

1. Corporation Name

**RAVEN MINISTRIES, INC.**

Principal Place of Business

**1416 CYPRESS AVENUE  
ORANGE CITY FL 32763**

Mailing Address

**1416 CYPRESS AVENUE  
ORANGE CITY FL 32763**



2. Principal Place of Business

**21 980 Cedar Ridge Lane**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 2607 S. Woodland Blvd**  
Suite, Apt. #, etc.  
**27 # 303**

3. Date Incorporated or Qualified

**02/27/1996**

4. FEI Number

**59-3363743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

City & State

**23 Deland Florida**

City & State

**28 Deland Florida**

Zip

Country

**24 32720 25 USA**

Zip

Country

**29 32720-7001 30 Volusia**

9. Name and Address of Current Registered Agent

**GIESELBERG, JOHN  
1416 CYPRESS AVENUE  
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

81 Name

**Michael F. Hackathorn**

82 Street Address (P.O. Box Number is Not Acceptable)

**980 Cedar Ridge Lane**

83

84 City **Deland**

**FL**

85 Zip Code  
**32720**

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

**MICHAEL F. HACKATHORN**

**4-16-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

**12. PD** ☒ DELETE  
NAME **GIESELBERG, JOHN**  
STREET ADDRESS **1416 CYPRESS AVENUE**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

**VD** ☒ DELETE  
NAME **GIESELBERG, JUDY G**  
STREET ADDRESS **1416 CYPRESS AVENUE**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

**VD** ☒ DELETE  
NAME **SHOWN, KENNETH**  
STREET ADDRESS **1547 PIEDMONT DR**  
CITY-ST-ZIP **DELTONA FL 32725**

**SD** ☒ DELETE  
NAME **SNYDER, DEBRA K**  
STREET ADDRESS **2160 ALMOND STREET**  
CITY-ST-ZIP **ORANGE CITY FL**

**TD** ☒ DELETE  
NAME **GIESELBERG, JUDT G**  
STREET ADDRESS **1416 CYPRESS AVE**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

**D** ☒ DELETE  
NAME **SHOWN, ANGELA**  
STREET ADDRESS **1547 PIEDMONT DR**  
CITY-ST-ZIP **DELTONA FL 32725**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD** ☐ Change ☒ Addition  
**1.2 NAME Michael F Hackathorn**  
**1.3 STREET ADDRESS 980 Cedar Ridge Lane**  
**1.4 CITY-ST-ZIP Deland FL 32720**

**2.1 TITLE VD** ☐ Change ☒ Addition  
**2.2 NAME Carlos Crockett**  
**2.3 STREET ADDRESS 876 Cypress Avenue**  
**2.4 CITY-ST-ZIP Orange City FL 32763**

**3.1 TITLE SD** ☐ Change ☒ Addition  
**3.2 NAME Carolyn Crockett**  
**3.3 STREET ADDRESS 876 Cypress Avenue**  
**3.4 CITY-ST-ZIP Orange City, FL 32763**

**4.1 TITLE TD** ☐ Change ☒ Addition  
**4.2 NAME Pauline M. Hackathorn**  
**4.3 STREET ADDRESS 980 Cedar Ridge Lane**  
**4.4 CITY-ST-ZIP Deland, FL 32720**

**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:

**MICHAEL F. HACKATHORN**

**4/16/99**

**904 734-9829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)

0013416