

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 # N96000002202

1. Corporation Name

BEACON FOR CHRIST MINISTRY, INC.

Principal Place of Business

900 VINELAND ROAD
WINTER GARDEN FL 34787

Mailing Address

900 VINELAND ROAD
WINTER GARDEN FL 34787

FILED
Feb 25, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

59-3380017

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

FOWLER, TROY
900 VINELAND ROAD
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

SALLY ANN FOWLER

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

900 VINELAND RD.

83

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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

Sally Ann Fowler
Signature, typed or printed name of registered agent and title if applicable

Sally Ann Fowler
(NOT Required Agent signature required when reinstating)

DATE

1/3/99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE
NAME **FOWLER, TROY**
STREET ADDRESS **900 VINELAND ROAD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **VSD** ☒ DELETE
NAME **FOWLER, SALLY-ANN**
STREET ADDRESS **900 VINELAND ROAD**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D** ☒ DELETE
NAME **LEDFORD, MARY JO**
STREET ADDRESS **985 GLENMEADOW DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTD** ☒ Change ☐ Addition
1.2 NAME **SALLY ANN FOWLER**
1.3 STREET ADDRESS **900 VINELAND RD.**
1.4 CITY-ST-ZIP **WINTER GARDEN, FL. 34787** ☒ Change ☐ Addition

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME **NANCY LEE YOUNG**
2.3 STREET ADDRESS **1411 DRESSEL TERRACE**
2.4 CITY-ST-ZIP **DELTONA, FL. 32725** ☒ Change ☐ Addition

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **BETTY LEWIS**
3.3 STREET ADDRESS **469 NORTHERN DURANGO**
3.4 CITY-ST-ZIP **OCOE, FL. 34761** ☐ Change ☒ Addition

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **EVELYN DELLAVLOPE**
4.3 STREET ADDRESS **469 NORTHERN DURANGO**
4.4 CITY-ST-ZIP **OCOE, FL. 34761** ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 I am empowered.

SIGNATURE:

Sally Ann Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99 (407) 656-5880
Date Daytime Phone #

CR2E037 (1/98)