

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 61.25

NON PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 NOV -3 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005186

1. Corporation Name  
AT THE CROSS EVANGELISTIC  
MINISTRIES

Principal Place of Business

Mailing Address

AT THE CROSS  
EVANGELISTIC MINISTRIES  
P.O. Box 20217  
32225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

P.O. Box 20217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

JACKSONVILLE

23. Zip

Country

28. Zip

Country

U.S.A.

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

Hilton Bernard  
2509 White Horse Rd E  
JAX, FL 32246

3. Date Incorporated or Qualified

OCT 9 1996

4. FEI Number

59-3402901

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

Hilton BERNARD

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

2509 WHITEHORSE RD E

83. JAX.

84. City

FL

85. Zip Code

32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Hilton Bernard

5/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

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1.19 STREET ADDRESS

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1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

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1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 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 607, 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: Felicia A. Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)