NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # N9700000461

Corporation Name

DIETZ MINISTRIES, INC.

incipal Place of Business 812 BEE RIDGE ROAD ARASOTA FL 34233

Mailing Address

5812 BEE RIDGE ROAD SARASOTA FL 34233

Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90011 040 ****61.25



| Principal Pl | ace of Business | 2a. Mailing Address | | | | | 01/22/1997 | | | | | |
|---|--|----------------------------------|-----------|---|--------------|--|--|----------------|------------------|------------------------|----------------------|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | 4. FEI Number | | | Apr | olied For | |
| | مراجع المعلق | 27 | | | | | 65-0739368 | | | Not | Applicable | |
| City & State | | City & State | | | | | 5. Certifcate of Status Desired | | | . 75 A ee Re | dditional quired | |
| Zip | Country | Zip | Cou | ntry | | | 6. Election Campaign Financing | | \$5 | 5.00 | May Be | |
| - - - | 25 | 29 | 0 | ì | | | Trust Fund Contribution | | | | Fees | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | | | |
| | | | | 81 | Name | | | | | | | |
| DIETZ, EDWARD R JR | | | | | Ctront A | Addraga | (B.O. Box Number is Not Accept | ahla\ | | | - | |
| 7402 WEEPING WILLOW DRIVE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| SARASOTA FL 34241 | | | | 83 | | | | | | | | |
| SARASUI | A FL 34241 | | | \sqcup | | | | | 1 - 1 | | | |
| | | · | | 84 | City | | | FL | 85 | Zip C | ode | |
| office or re | o the provisions of Sections 617.0502 sgistered agent, or both, in the State of n familiar with, and accept the obligation | Florida Such change was aut | horized | DV 1 | ine corbo | corporation's | tion submits this statement for the board of directors. I hereby acce | pt tile appoil | changi itment | ng its i as reg | egistered istered | |
| 311/1/01/1 | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: R | | Agent | signature re | equired who | en reinstating) | DATE | | = | 20 11 40 | |
| , | OFFICERS AND | | 13. | | | | ADDITIONS/CHANGES TO OF | FICERS AN | | | | |
| E | D DELETE | | 1.1 111 | ĽΕ | | | | | □ Ch | ange | Addition | |
| 1E | DIETZ, EDWARD R JR | | | ME | | | | | | | | |
| EET ADDRESS | 7402 WEEPING WILLOW DRIVE | | | REET | ADDRESS | | | | | | | |
| '-ST-ZIP | SARASOTA FL 34233 | | | 1.4 CITY-ST-ZIP | | | | | | | | |
| E | D DELETE | | 2.1 TITLE | | | | | | Ch | ange | ☐ Addition | |
| ie | DIETZ, LUCY Q | | 2.2 NA | ME | | | | | | | | |
| EET ADDRESS | 7402 WEEPING WILLOW DRIVE | | | 2.3 STREET ADORESS | | | | | | | 1 | |
| '-ST-ZIP | SARASOTA FL 34233 | | | TY-S1 | r- ZIP | Ι. | | | | | | |
| E | D | | | LE. | | | | | ☐ Ch | ange | Addition | |
| ıε | CIRELLO, JAMES | | 3.2 NA | ME | | | - | | | | | |
| EET ADDRESS | 4481 ELEVTHERA COURT | | 3.3 ST | REET | ADDRESS | | | | | | | |
| '-ST-ZIP | SARASOTA FL 34233 | | 3.4. CI | TY-S | r-ZIP | | | | | | | |
| E | | | | 4.1 TITLE | | | | | CH | ange | Addition | |
| E | HEUSTON. DANIEL | EUSTON, DANIEL 4.2 | | 4.2 NAME /2 | | RICI | YARD V.LEE | , | | | • | |
| EET ADDRESS | 3961 ALMOND AVENUE | | 4.3 ST | 4.3 STREET ADDRESS | | 240 | N. Washington BIL | oa. | | | | |
| -ST-ZIP | SARASOTA FL 34234 | | 4.4 CII | ΄ ΓY∗ST | 1 | | COSOTA FL 3423L | | | | | |
| = | D | | | 1 TITLE | | TIL | ra Lee | | 다 | ange | Addition | |
| E | LONGOBARDI, EDWARD | • | 5.2 NA | ME | . | ` | • | | | | ` | |
| EET ADDRESS | 2701 MONTEREY STREET | | 5.3 ST | RÉET | ADDRESS | 240 | N.WasyinGon B | IUD | | | | |
| -ST-ZIP | SARASOTA FL 34231 | | 5.4 CIT | ry-ST | -ZIP | SOP | ASCITA FL. 3423 | 6 | | | | |
| -SI-ZIP | | ☐ DELETE | 6.1 TIT | | | | | | Ch | ange | ☐ Addition | |
| E | | | 6.2 NA | MĖ | | | | | | | ; | |
| ET ADDOESS | | | 6.3 ST | REET | ADDRESS | | | | | | | |

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.

6.4 CITY: ST-ZIP

IGNATURE

-ST-ZIP

CR2E037 (5/99)