

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 # **N97000000945**

Corporation Name

**ROGER C. COLLINS EVANGELISTIC ASSOCIATION, INC.**

Place of Business

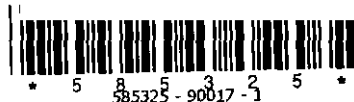
**CYPRESS AVE  
FORT MYERS FL 33905**

Mailing Address

**P.O. BOX 4141  
N. FORT MYERS FL 33918**

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90017 001 \*\*\*\*61.25



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
26	26	02/17/1997
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
27	27	59-3347115
State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
28	28	
Country	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	Trust Fund Contribution <input type="checkbox"/>
30	30	

9. Name and Address of Current Registered Agent

**K, KELLY J  
E. CYPRESS AVE  
FORT MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

In accordance with 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 agent 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>D</b> <b>COLLINS, ROGER C</b> <b>P.O. BOX 4141 N/A</b> <b>N. FT. MYERS FL 33918</b> <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>LARKIN, CHARLES L</b> <b>2325 DAVIS BOULEVARD</b> <b>FORT MYERS FL 33905</b> <input type="checkbox"/> DELETE		1.2 NAME	
<b>D</b> <b>MANN, VERNON</b> <b>4905 N. MARYVALE</b> <b>TUCSON AZ 85705</b> <input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 contained 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:

**REQUIRED**

**4-26-99 941-693-8435**

CR2E037 (1/98)