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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NA7000001217**
1. Corporation Name
ALMS for Humanity, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
March 3, 1997

4. FEI Number **59-3429755** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **P.O. Box 13** 26 **P.O. Box 13**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **Lakeland, Florida** 28 City & State **Lakeland, Florida**

24 Zip **33802** 25 Country **USA** 29 Zip **33802** 30 Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Rev Michael A. Gaines**

82 Street Address (P.O. Box Number is Not Acceptable) **2015 Deerfield Dr.**

83

84 City **Lakeland** FL 85 Zip Code **33813**

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 **Rev Michael A. Gaines**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	William J. BOSS
STREET ADDRESS	625 E. PONDEROSA
CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Sheila Cofield
STREET ADDRESS	240 Mary Catherine Ct.
CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Antonio Garrett
STREET ADDRESS	605 W. Lee Street
CITY-ST-ZIP	Plant City, Florida 33566
TITLE	DCEO <input checked="" type="checkbox"/> DELETE
NAME	Michael A. Gaines I
STREET ADDRESS	2015 Deerfield Dr.
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. Michael A. Gaines
1.3 STREET ADDRESS	P.O. BOX 13 N/A
1.4 CITY-ST-ZIP	Lakeland, Florida 33802
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Clarence Merris
2.3 STREET ADDRESS	5134 W. Harvard St.
2.4 CITY-ST-ZIP	Lakeland, Florida 33802
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph N. Baron
3.3 STREET ADDRESS	3375 Barton Rd
3.4 CITY-ST-ZIP	Lakeland, FL 33803
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Green
4.3 STREET ADDRESS	525 West Ariana
4.4 CITY-ST-ZIP	Lakeland, FL 33803
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	600002508696
6.3 STREET ADDRESS	-05/04/98--01012--004
6.4 CITY-ST-ZIP	***70.00

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.

SIGNATURE: **Rev Michael A. Gaines** **Rev. Michael A. Gaines** 4/17/98 944 6479500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)