

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000002004 (6)

1. Corporation Name

REMNANT MINISTRIES INCORPORATED

Principal Place of Business

Mailing Address

408 LAKE ELIZABETH DRIVE, S.E.  
WINTER HAVEN FL 33884

408 LAKE ELIZABETH DRIVE, S.E.  
WINTER HAVEN FL 33884

REINSTATEMENT

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

☒ 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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LOPEZ, ERIC S  
408 LAKE ELIZABETH DRIVE, S.E.  
WINTER HAVEN FL 33884

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME LOPEZ, ERIC S  
STREET ADDRESS 408 LAKE ELIZABETH DRIVE, S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ DELETE

NAME LOPEZ, PETER S  
STREET ADDRESS 408 LAKE ELIZABETH DRIVE, S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ DELETE

NAME LOPEZ, JESSIKA Y  
STREET ADDRESS 408 LAKE ELIZABETH DRIVE, S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ DELETE

NAME VP NAUGHTON, SCOTT  
STREET ADDRESS 5850 CYPRESS GARDENS BLVD.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ DELETE

NAME S MYERS, NEWTON  
STREET ADDRESS 999 5TH STREET, S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☒ DELETE

NAME D LOPEZ, SAMUEL  
STREET ADDRESS 408 LAKE ELIZABETH DRIVE, S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Yolanda Lopez  
408 LAKE ELIZABETH DRIVE SE  
Winter Haven, FL 33884

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99 941.324.3032

0012771

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