

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000002668 (8)**

1. Corporation Name

SEAY'S EVANGELISTIC OUTREACH CENTER INC.

Principal Place of Business

Mailing Address

**218 FAWN LANE DRIVE
DAVENPORT FL 33837**

**218 FAWN LANE DRIVE
DAVENPORT FL 33837**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SEAY, JOHNNIE B
218 FAWN LANE DRIVE
DAVENPORT FL 33837**

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

31-1554564

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

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

**D
NAME SEAY, JOHNNIE B
STREET ADDRESS 218 FAWN LANE DRIVE
CITY-ST-ZIP DAVENPORT FL 33837**

TITLE ☐ DELETE

**D
NAME GRIGGS, JOHNNIE
STREET ADDRESS 1690 DUNN AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

**D
NAME GIDDENS, JIMMIE
STREET ADDRESS 1570 WEST PARKWAY
CITY-ST-ZIP DELAND FL 32724**

TITLE ☒ DELETE

**D
NAME MILES, GEORGE
STREET ADDRESS 1217 CADILLAC DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☒ DELETE

**D
NAME MILES, NORA
STREET ADDRESS 1217 CADILLAC DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

**D
NAME HARRIS, WILLIAM
STREET ADDRESS 455 DOVE DRIVE POINTIANA
CITY-ST-ZIP KISSIMMEE FL 34750**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Johnnie Griggs

Johnnie Griggs

9/1/98

904.255-4941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (1097)