

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 041 ****61.25

DOCUMENT # **N97000002668**

1. Corporation Name

SEAY'S EVANGELISTIC OUTREACH CENTER INC.

Principal Place of Business
218 FAWN LANE DRIVE
DAVENPORT FL 33837

Mailing Address
218 FAWN LANE DRIVE
DAVENPORT FL 33837



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/12/1997	
22 City & State		27 City & State		4. FEI Number 31-1554564	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SEAY, JOHNNIE B 218 FAWN LANE DRIVE DAVENPORT FL 33837				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAY, JOHNNIE B	1.2 NAME	
STREET ADDRESS	218 FAWN LANE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, JOHNNIE	2.2 NAME	
STREET ADDRESS	1690 DUNN AVENUE	2.3 STREET ADDRESS	375 Bill France Blvd
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, JIMMIE	3.2 NAME	
STREET ADDRESS	1570 WEST PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, VALENGINA	4.2 NAME	
STREET ADDRESS	915 SAN PALO WY	4.3 STREET ADDRESS	218 Fawn Lane
CITY-ST-ZIP	KISSIMMEE FL 34758	4.4 CITY-ST-ZIP	Davenport, FL 33837
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, ROSE	5.2 NAME	
STREET ADDRESS	1570 W PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIAM	6.2 NAME	
STREET ADDRESS	455 DOVE DRIVE POINTIANA	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34759	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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99

941-424-2980

Date

Daytime Phone #

CR2E037 (5/99)