

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER DECEMBER 31, 1998.
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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003234 (8)

1. Corporation Name

SAVE OUR CITIES AND HEAL THIS LAND MINISTRIES, INC.

Principal Place of Business

Mailing Address

209 OSCEOLA ST
TALLAHASSEE FL 32301

209 OSCEOLA ST
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

59-3432923

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, ANNETTE H
209 OSCEOLA ST
TALLAHASSEE FL 32301

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

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

Annette Hale Ford
(NOTE: Registered Agent signature required when reinstating)

Dec 1, 1998
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, ANNETTE H	
STREET ADDRESS	209 OSCEOLA ST	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002712133-1
1.3 STREET ADDRESS	-12/15/98-01003-007
1.4 CITY-STATE-ZIP	***236.25 ***236.25

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, KIMBERLY G	
STREET ADDRESS	209 OSCEOLA ST	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jo Frances Forbes	
2.3 STREET ADDRESS	Rt. 7, Box 928-A	
2.4 CITY-STATE-ZIP	Tallahassee, FL 32308	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALE, LILLIE R	
STREET ADDRESS	209 OSCEOLA ST	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, EMMETT	
STREET ADDRESS	209 OSCEOLA ST	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hall, Barbara Jean	
4.3 STREET ADDRESS	5695 Cypress Circle	
4.4 CITY-STATE-ZIP	Tallahassee, FL 32303	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Annette Hale Ford* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98 (850) 222-1778

Date Daytime Phone #

0001325

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