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Feb 05 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 # N97000003799 (0)

1. Corporation Name

GO FORTH MINISTRIES, INC.



Principal Place of Business

Mailing Address

2889 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

P. O. BOX 13904
TALLAHASSEE FL 32317-3904

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

31-1547948

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1205

22 City & State

27 Suite, Apt. #, etc.
28 CRAWFORDVILLE FL

23 Zip Country

29 32326 30 U.S.

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

PAGE, JOHN F
2889 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

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
NAME WHITNEY, ERIC
STREET ADDRESS 948 ALACHUA AVE.
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 135 SHADOW OAK CIRCLE
1.4 CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D
NAME PAGE, JOHN
STREET ADDRESS 2889 CRAWFORDVILLE HWY.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME JOHNSON, JIM
STREET ADDRESS 9841 FOX SQUIRREL DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ROGERS, TED
STREET ADDRESS 1220 DEVONSHIRE
CITY-ST-ZIP MESQUITE TX 75150

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

[Signature]

1-14-98

92-1-107-9

CR2E037 (10/97)