

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000003799

1. Corporation Name

GO FORTH MINISTRIES, INC.

Principal Place of Business

~~2889 CRAWFORDVILLE HWY.~~
~~CRAWFORDVILLE FL 32327~~

Mailing Address

~~P.O. BOX 1206~~
~~CRAWFORDVILLE FL 32325~~
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 **5608 PINNACLE HEIGHTS CN**

Suite, Apt. #, etc. **APT. 303 BLD. 9**

22 City & State **TAMPA FL**

23 Zip **33624** Country **U.S.**

24 **33624** 25 **U.S.**

2a. Mailing Address

26 **P.O. Box 424**

Suite, Apt. #, etc.

27 City & State **ODGESSA FL**

28 Zip **33556** Country **U.S.**

29 **33556** 30 **U.S.**

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

31-1547948

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

9. Name and Address of Current Registered Agent

PACE, JOHN F
~~2889 CRAWFORDVILLE HWY.~~
~~CRAWFORDVILLE FL 32327~~

10. Name and Address of New Registered Agent

81 Name

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

23 E. TAMPON AVE-

83

84 City **TAMPON SPRINGS FL**

85 Zip Code

34689

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 **D WHITNEY, ERIC**
STREET ADDRESS **185 SHADOW OAK CIR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE
NAME **D PACE, JOHN**
STREET ADDRESS **2889 CRAWFORDVILLE HWY.**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

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

TITLE ☐ DELETE
NAME **D CROCCO, MARK**
STREET ADDRESS **PO BOX 1, UPPER STUMP & CHURCH ROADS**
CITY-ST-ZIP **HILLTOWN PA 18927**

TITLE ☐ DELETE
NAME **D GOMEZ, NESTOR**
STREET ADDRESS **JA CABARRA 6071 (1414 CAPITAL FEDERAL)**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **Cuba 3770, 1429 Capital Federal**
1.4 CITY-ST-ZIP **Buenos Aires, Argentina**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **23 E. TAMPON AVE**
2.4 CITY-ST-ZIP **TAMPON SPRINGS FL 34689**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. PACE

Date

4/14/99

Daytime Phone #

727-938-0160

CR2E037 (11/98)