FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

SIGNATURE:



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000004766 (8)

2/23/98

954-791-4987

FILED Mar 03 1998 8:00am Secretary of State

i. Corporation	Hallie		` '			
G. WA	yne thompson ministri	ES, INC.				
Principal Place	e of Business	Mailing Addre	ss			ı condistat siğ rasır noon onlik onlik dötir görir enili ülüsi nodin diris olik sirili dür
7027 W BROWARD BLVD STE 270 7027 W BROWARD PLANTATION FL 33317 PLANTATION FL 3				270		Date Incorporated or Qualified 08/20/1997 FEI Number Applied For
						45- 077 3705 Not Applicable
	ace of Business	2a. Mailing Ad	Idress			5. Certificate of Status Desired Status Desired Status Desired
21			26			Fee Required
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State				
23		28				7. Is this nonprofit corporation a homeowners association?
		Zip	Zip Country		, 	8. This corporation owes or has paid the current year intangible
24	25	29	30	ภิ		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	t Registered Agen				10. Name and Address of New Registered Agent
				81	Name	
THOMPSON, G W				82	Street An	idress (P.O. Box Number is Not Acceptable)
7027 W BROWARD BLVD STE 270					O DOG AL	Julieso (1.10. Dox Hamber to Hot Mosephanie)
	TION FL 33317			83		
				84	City	85 Zip Code
						FL [i i i
11. Pursuant I office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such ch ations of, Section 61	orida Statutes, ange was aut 17.0503, Florid	the above horized by la Statute	e-named co y the corpo s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
CICNATURE						
	Signature, typed or printed name of registered age		(NOTE: R		ent signature rei	quired when reinstating) DATE
12.	OFFICERS ANI		DELETE	13.	— т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	PD	ш	DELETE	1.1 TITLE		C. Change C. Acoulion
NAME	THOMPSON, G W	E 270		1.2 NAME		
STREET ADDRESS	7027 W BROWARD BLVD STI	£ 21U		1.3 STREET	1	
CITY-ST-ZIP TITLE	PLANTATION FL 33317		DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME	SD Thompson, Christine	_ U	DECE	2.1 IIILE 2.2 NAME		C Origings C Accellour
	7027 W BROWARD BLVD STI	E 970			4000000	
STREET ADDRESS	PLANTATION FL 33317	210		2.3 STREET		
CITY-ST-ZIP TITLE	TD		DELETE	2.4 CITY -: 3.1 TITLE	SI-ZIP	Change Addition
NAME	THOMPSON, G W II	-	Peter I	3.2 NAME		C Straige C Straige
	7027 W BROWARD BLVD STI	E 970		3.3 STREET	ADDOCCC	
STREET ADDRESS	PLANTATION FL 33317	2 210				
CITY-ST-ZIP TITLE	T DATIATION TE 00017		DELETE	3.4. CITY-5	51 · ZIF	☐ Change ☐ Addition
NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. 2 NAME	İ	
STREET ADDRESS				4.3 STACET	ADDRESS	
j				4.4 CITY-S		
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE) - ZF	☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S		
TITLE		П	DELETE	6.1 TITLE	1-21	☐ Change ☐ Addition
NAME		لسه		6.2 NAME	İ	the confidence of the confiden
STREET ADDRESS				6.3 STAEET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - S		
14. I hereby c	ertify that the information supplied w	ith this filing does n	ot qualify for t	he evemn	tion 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.						