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Jan 22, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000004827

1. Corporation Name

LION-HEARTED EVANGELISTIC ASSOCIATION INCORPORATED

Principal Place of Business

1050 DERBYSHIRE ROAD
HOLLY HILL FL 32125
US

Mailing Address

P O BOX 730682
ORMOND BEACH FL 32173
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

73-1413860

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

LIVINGSTON, DANIEL K
549 6TH STREET
HOLLY HILL FL 32125

10. Name and Address of New Registered Agent

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

T ☐ DELETE

NAME
NEWMAN, REV ROBERT
STREET ADDRESS
4416 STATE ROAD
CITY-ST-ZIP
LAKELAND FL 33813

D ☐ DELETE

NAME
JONES, DENNIS
STREET ADDRESS
1001 FAIRWAY COURT
CITY-ST-ZIP
CHESEAPKE VA 23320

VP ☐ DELETE

NAME
REID, TOMMY, REV
STREET ADDRESS
701 WILLARDSHIRE RD
CITY-ST-ZIP
ORCHARD PARK NY 14127

D ☐ DELETE

NAME
BOWMAN, REV DAVID
STREET ADDRESS
15 MACLEEL
CITY-ST-ZIP
DEERCHAMP NC

P ☐ DELETE

NAME
LIVINGSTON, DANIEL
STREET ADDRESS
549 6TH STREET
CITY-ST-ZIP
HOLLY HILL FL 32125

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 Jan 99 904-252-6363

CR2E037 (1/98)