

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90005 011 ****61.25

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1. Corporation Name

THE ETERNAL GUIDING LIGHT FAITH MINISTRIES, INC.

Principal Place of Business

1121 NW 3 AVE. APT. #E
POMPANO BEACH FL 33060

Mailing Address

P.O. BOX 784
POMPANO BEACH FL 33061



2. Principal Place of Business

21 2420 NW 6 Street

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, Florida

Zip

24 33069

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

65-0798165

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

MCCLEOD, GARY B
1121 NW 3 AVE. APT. #E
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

Gary B. McCleod

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

2420 NW 6 Street

83

84 City

Pompano Beach

FL

85 Zip Code
33069

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 Gary B. McCleod

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

(NOTE: Registered Agent signature required when reinstating)

6-14-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DERICO, CHARLES ELDER

STREET ADDRESS 2551 NW 5TH ST.

CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE

NAME HUNTER, WALTER

STREET ADDRESS 1250 NW 27 AVE.

CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE

NAME MCCLEOD, JOHN

STREET ADDRESS 1801 NW 2ND TER.

CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME JACKSON, JOYCE

STREET ADDRESS 360 NW 14 STREET

CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME TALTON, JOHNNY L

STREET ADDRESS 2651 NW 2 STREET

CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

McCleod, John

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

6/14/99
Date

Daytime Phone #

CR2E037 (11/98)