

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**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90044 038 \*\*\*\*61.25

**DOCUMENT # N97000007046**

1. Corporation Name

**OLD PATHS CHURCH OF GOD, INC.**

Principal Place of Business

16050 HWY 98 NORTH  
OKEECHOBEE FL 34972

Mailing Address

16050 HWY 98 NORTH  
OKEECHOBEE FL 34972



2. Principal Place of Business

21 17025 NW 190th Rd.

2a. Mailing Address

26 17025 NW 190th Rd.

Suite, Apt. #, etc.

22 Okeechobee, Fl.

Suite, Apt. #, etc.

27 Okeechobee, Fl.

City & State

23 34972 USA

City & State

28 34972

Zip

Country

Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

GILLIS, AUBREY S  
17025 NW 190 RD.  
OKEECHOBEE FL 34972

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

65-0800231

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

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 Aubrey S. Gillis, Trustee

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 HAZELJEF, WILSON  
STREET ADDRESS 445 NE 70TH RD  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☒ DELETE

NAME TR SIMMONS, ORMAND  
STREET ADDRESS 17167 NW 190TH RD  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ DELETE

NAME TR GILLIS, AUBREY S  
STREET ADDRESS 17025 190TH RD  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ DELETE

NAME D HARE, ROGER D  
STREET ADDRESS 1451 SE 32ND AVE  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ DELETE

NAME CD CREWS, D S  
STREET ADDRESS 8236 W THIRD AVE  
CITY-ST-ZIP HILLIARD FL 32046

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

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TR D  
Roger D. Hare  
1451 SE 32nd Ave.  
Okeechobee, Fl. 34972

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Crews  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99

(941) 763-1408

CR2E037-11/98