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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

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1. Corporation Name

BILL PRANKARD EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

2132 SHADOWLAWN DR.  
NAPLES FL 34101

Mailing Address

2132 SHADOWLAWN DR.  
NAPLES FL 34101



2. Principal Place of Business

21 3300 BERMUDA ISLE CIRC

Suite, Apt. #, etc.

22 329-A

City & State

23 NAPLES, FL

Zip

24 34109

Country

25 USA

2a. Mailing Address

26 P.O. Box 9996

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip

29 34101-9996

Country

30 USA

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

31-1601561

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE STE 900  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PRANKARD, BILL REV.

STREET ADDRESS 2224 INNES RD GLOUCESTER, ONTARIO

CITY-ST-ZIP CANADA, K1L 8E2

TITLE D ☐ DELETE

NAME WALLEDA-ZOPPE, TINO

STREET ADDRESS 3650 HENERIETTA PLACE

CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE

NAME MALLORY, DAVID REV.

STREET ADDRESS 2132 SHADOWLAWN DR.

CITY-ST-ZIP NAPLES FL 34101

TITLE D ☐ DELETE

NAME STARRATT, PAUL REV.

STREET ADDRESS BOX 7084 RR#5 PEMBROKE, ONTARIO

CITY-ST-ZIP CANADA K8A 6W6

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 attached page with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)