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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000001478

1. Corporation Name

ADVANTAGE YACHT MINISTRIES, INC.

Principal Place of Business
 370 S.E. THIRD STREET
 POMPANO BEACH FL 33060

Mailing Address
 370 S.E. THIRD STREET
 POMPANO BEACH FL 33060

417419 - 90169 - 50



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For
 No: Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTLES, CRIS
370 S.E. THIRD STREET
POMPANO BEACH FL 33060

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

(NO. 1: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
 NAME **CASTLES, CRIS**
 STREET ADDRESS **370 S.E. THIRD STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

1.1 TITLE **D** ☒ Change ☐ Addition
 1.2 NAME **Castles, Pike**
 1.3 STREET ADDRESS **12609 Hunters Chase**
 1.4 CITY-ST-ZIP **San Antonio, TX 78230**

TITLE **D** ☐ DELETE
 NAME **CASTLES, PIKE**
 STREET ADDRESS **370 S.E. THIRD STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

2.1 TITLE **D/T/S** ☐ Change ☐ Addition
 2.2 NAME **Toupin, William**
 2.3 STREET ADDRESS **190 SE 19 Avenue**
 2.4 CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **D** ☒ DELETE
 NAME **CASTLES, PAT**
 STREET ADDRESS **370 S.E. THIRD STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

3.1 TITLE **D** ☐ Change ☐ Addition
 3.2 NAME **Grimm, David**
 3.3 STREET ADDRESS **1830 NW 33 Ct.**
 3.4 CITY-ST-ZIP **Oakland Park, FL 33069**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☐ Addition
 4.2 NAME **Misemer, Norris**
 4.3 STREET ADDRESS **3119 E McKinney #3**
 4.4 CITY-ST-ZIP **Denton, TX 76208**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☐ Addition
 5.2 NAME **McGowan, Jeff**
 5.3 STREET ADDRESS **1811 NE 53 St**
 5.4 CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☐ Addition
 6.2 NAME **Spear, Thomas**
 6.3 STREET ADDRESS **112 NE 10 Avenue**
 6.4 CITY-ST-ZIP **Pompano Beach, FL 33060**

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

4/20/99 954-941-8520

Date

Daytime Phone #

CR2E037 (1/98)