

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90173 024 ****61.25

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1. Corporation Name

SEASONS OF OPPORTUNITY MINISTRIES, INC.

Principal Place of Business
1510 JENKINS ROAD
BONIFAY FL 32425

Mailing Address
1510 JENKINS ROAD
BONIFAY FL 32425



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/13/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3490804

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, JENNIE
1510 JENKINS ROAD
BONIFAY FL 32425

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

Jennie Goodman

2/9/99

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 D ☐ DELETE

NAME ANDREWS, DIANE
STREET ADDRESS 3057 SHAMROCK NORTH
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GLADDEN, PATTY
STREET ADDRESS 404 CLOVERDALE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GOODMAN, JENNIE
STREET ADDRESS 1510 JENKINS ROAD
CITY-ST-ZIP BONIFAY FL 32425

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CORNETT, KIM
STREET ADDRESS P.O. BOX 1149
CITY-ST-ZIP OGLETHROPE GA 31068

4.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

Jennie Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

850-547-0414

Daytime Phone #

CR2E037 (11/98)