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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000002795

1. Corporation Name

FRED SHIPMAN MINISTRIES, INC.

Principal Place of Business

365 JOG ROAD
WEST PALM BEACH FL 33415

Mailing Address

365 JOG ROAD
WEST PALM BEACH FL 33415



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/13/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0843364

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

MASON, VON
365 JOG ROAD
WEST PALM BEACH FL 33415

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
NAME SHIPMAN, FREDERICK D
STREET ADDRESS 1714 BANYAN CREEK COURT
CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME SHIPMAN, FREDERICK D
STREET ADDRESS 1714 BANYAN CREEK COURT
CITY-ST-ZIP BOYNTON BEACH FL 33436

☒ DELETE

2.1 TITLE VPD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE SD
NAME JONES, CHRIS
STREET ADDRESS 17105 KEY LIME BOULEVARD
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME FENLASON, JOHN D
STREET ADDRESS 10670 RUSH FORK ROAD
CITY-ST-ZIP CLYDE NC 28721

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MOCK, CURTIS
STREET ADDRESS 5330 MENDOZA STREET
CITY-ST-ZIP WEST PALM BEACH FL 33415

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COMPANY, ED
STREET ADDRESS 1170 HATTERAS CIRCLE
CITY-ST-ZIP GREENACRES CITY FL 33413

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

2-24-99 (561) 683-6633
Date Daytime Phone #

CR2E037 (11/98)