

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90229 048 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005024

1. Corporation Name

BILL DECONNA MINISTRIES, INC.

Principal Place of Business

11816 S.E. CR 234
MICANOPY FL 32667

Mailing Address

P.O. BOX 215
MICANOPY FL 32667



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1998

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3529598

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

28

Zip

Country

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

DECONNA, DONNA
11816 S.E. CR 234
MICANOPY FL 32667

81 Name

DECONNA, DONNA

82 Street Address (P.O. Box Number is Not Acceptable)

83

6300 NW CR 318

84 City

ORANGE LAKE

FL

85 Zip Code

32681

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

DP

☐ DELETE

NAME

DECONNA, BILL

STREET ADDRESS

11816 S.E. CR 234

CITY-ST-ZIP

MICANOPY FL 32667

TITLE

DST

☒ DELETE

NAME

DECONNA, REBEKAH

STREET ADDRESS

11816 S.E. CR 234

CITY-ST-ZIP

MICANOPY FL 32667

TITLE

DV

☐ DELETE

NAME

ROBERTS, COURTNEY

STREET ADDRESS

5523 S.W. 37TH LANE

CITY-ST-ZIP

GAINESVILLE FL 32608

TITLE

DV

☐ DELETE

NAME

OLANDER, BILL

STREET ADDRESS

3931 N.W. 40TH COURT

CITY-ST-ZIP

GAINESVILLE FL 32606

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

D/T
ROBERTS, COURTNEY

☒ 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

D/S
GATES BRYANT
1004 NW 35 AVE.
GAINESVILLE, FL 32609

☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

BILL DECONNA

4/25/99 352-466-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)