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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005156

1. Corporation Name

MINISTRYTRACK SEMINARS, INC.

Principal Place of Business

6456 17TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

6456 17TH AVENUE NORTH
ST. PETERSBURG FL 33710



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3528675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SAYLOR, BRIAN
6456 17TH AVENUE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE D
NAME WOODSON, RAEURN
STREET ADDRESS 5890 38TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D
NAME SAYLOR, CLIF
STREET ADDRESS 46675 CHURCH ROAD E
CITY-ST-ZIP STERLING VA 22170

TITLE D
NAME SAYLOR, BRIAN
STREET ADDRESS 6456 17TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D
NAME BAKER, RICHARD
STREET ADDRESS 205 25TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE D
NAME HENNIGER, DAVID
STREET ADDRESS 5862 32ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D
NAME THOMAS, CURT
STREET ADDRESS 8591 141ST STREET
CITY-ST-ZIP SEMINOLE FL 33776

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

Date

Daytime Phone #

4-30-99

727-345-5536

CR2E037 (11/98)