

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90189 015 ****61.25

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DOCUMENT # N98000005300

1. Corporation Name

FLORIDA/ALASKA EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

**408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS FL 32043**

Mailing Address

**408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS FL 32043**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MILLS, FERRELL B
408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

59-3546998

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

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

Ferrell B. Mills

PP

4-25-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MILLS, FERRELL B**
STREET ADDRESS **408 SOUTH OAKRIDGE AVENUE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ DELETE

NAME **STD
MILLS, A. LEE**
STREET ADDRESS **408 SOUTH OAKRIDGE AVENUE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ DELETE

NAME **D
HUDSON, LINDA**
STREET ADDRESS **217 FRANCIS STREET**
CITY-ST-ZIP **SARALAND AL 36571**

TITLE ☐ DELETE

NAME **D
KEATING, DEBRA**
STREET ADDRESS **17816 WEST COUNTRY CLUB DRIVE**
CITY-ST-ZIP **ARLINGTON WA 98223**

TITLE ☐ DELETE

NAME **D
GILLIAM, JULIAN**
STREET ADDRESS **167 ALDERSGATE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ DELETE

NAME **D
WILLIAMS, CYNTHIA**
STREET ADDRESS **POST OFFICE BOX 368 N/A**
CITY-ST-ZIP **CHATOM AL 36518**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 ☐ 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 ☐ 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:

Ferrell B. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99

Date

904-384-8158

Daytime Phone #

CR2E037 (11/98)