FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000005760

1. Corporation Name

GOD OF THE MILLENNIUM TABERNACLE MINISTRIES INC

Principal Place of Business 935 COMMUNITY LN. TALLAHASSEE FL 32310

2. Principal Place of Business

Mailing Address

935 COMMUNITY LN TALLAHASSEE FL 32310

2a. Mailing Address

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FILED May 04, 1999 8:00 am § Secretary of State

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Date Incorporated or Qualifed 10/08/1998

21						·		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Apı	plied For	
22	27				59-3569310	Not Applicable		
	City & State City & State				5. Certificate of Status Desired	\$8.75 Additional		
23		28		_	5. Certificate by Status Desires	Fee Re	quired	
Zip	Country	Zip Cou			6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	0		Trust Fund Contribution	Added t	o Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent		
			81	Name			}	
BRANNEN, CHESTER				82 Street Address (P.O. Box Number is Not Acceptable)				
935 COMMUNITY LN.				Street At	odress (P.O. Box Number is Not Acceptable)		ŧ	
TALLAHASSEE FL 32310								
			84	City	I .	EL 85 Zip (Code	
		500 4 047 4500 Ft. H- Ot-1400	45				registered	
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 a	am familiar with, and accept the obli	gations of, Section 617.0503, Florid	a Statutes	•				
SIGNATURE							}}	
	Signature, typed or printed name of registered a		<u> </u>	t signature req	ruired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DC IN 12	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	D	☐ DELETE	1.1 TITLE	- 1		☐ Change		
NAME	PITTMAN, WAYNE			[
STREET ADDRESS	s 124 NATURE TR. WAY		1.3 STREET	ADDRESS			ì	
CITY-ST-ZIP	TALLAHASSEE FL 32310	TALLAHASSEE FL 32310 140		-ZIP		<u> </u>		
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	WOOD, NELDA		2.2 NAME	1			1	
STREET ADDRESS	·		2.3 STREET	ADDRESS			(
CITY-ST-ZIP	EASTPOINT FL 32328		2, 4 CITY-S	T- ZIP			J	
TITLE	0	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	BRANNEN, CHESTER	•						
STREET ADDRESS			3.3 STREET	ADDRESS			ĺ	
	TALLAHASSEE FL 32310		3.4. CITY-S	1			Ï	
CITY-ST-ZIP TITLE			4.1 TITLE	·		Change	Addition	
ľ	}		4. 2 NAME	1		*	- }	
NAME			4.2 TWOME	ADDRESS				
STREET ADDRESS	5						1	
CITY-ST-ZIP	 	☐ DELETE	4.4 CITY-S	r-ZIP		☐ Change	Addition	
TITLE		C. Dereic	5.1 TITLE 5.2 NAME	[LI AUGIGOIT	
NAME							ļ	
STREET ADDRESS	3		5.3 STREET				ĺ	
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE	1		Change	☐ Addition	
NAME			6.2 NAME				{	
STREET ADDRESS	3		6.3 STREET	ADDRESS			}	
CITY-ST-ZIP			6.4 CITY-ST	-ziP			Į	
311 31 Ell	ele al as as a last a matter accomplicat	with this films done not suglify for th			in Continu 110 07/3\/i) Florida Statutos I further			

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 informationated 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.