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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006526

Corporation Name
HOLLINGSWORTH MINISTRIES, INC.

Principal Place of Business	Mailing Address
2155 PINE WOODS CIR. NAPLES FL 34105	2155 PINE WOODS CIR. NAPLES FL 34105

9/08/99 90005 037 $61.25

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	11/10/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0780309 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARKHUFF, WALDO H 108 HISPANIOLA LANE BONITA SPRINGS FL 34134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT RICK HOLLINGSWORTH 2155 PINEWOODS CIR NAPLES FL 34105 (D) ☐ Change ☒ Addition
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY CYNTHIA HOLLINGSWORTH 2155 PINEWOODS CIR NAPLES FL 34105 (D) ☐ Change ☒ Addition
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	OFFICER WALDO CARKHUFF 108 HISPANIOLA LN BONITA SPRINGS FL 34134 (D) ☐ Change ☒ Addition
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	LS ☐ Change ☐ Addition

CR2E037 (5/99)

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: Rick Hollingsworth SIGNATURE REQUIRED Sept 1, 1999 941-643-0248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #