

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90067 002 ****61.25

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DOCUMENT # N98000006642

1. Corporation Name

GREAT COMMISSION INTERNATIONAL CHURCH, INC.

Principal Place of Business

RT. 12, BOX 462, FAWN DR.
LAKE CITY FL 32025

Mailing Address

RT. 12, BOX 462, FAWN DR.
LAKE CITY FL 32025



2. Principal Place of Business

21 **Walter Little Rd**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/18/1998

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

23 City & State

Lake City FL

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

32055 USA

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GUL, GUNEY
RT. 12, BOX 462, FAWN DR.
LAKE CITY FL 32025

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

TITLE **D** ☐ DELETE

NAME **GUL, GUNEY**
STREET ADDRESS **RT. 12, BOX 462, FAWN DR.**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ DELETE

NAME **COATS, ROBERT L**
STREET ADDRESS **RT. 17, BOX 2514 GERRI RD.**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ DELETE

NAME **ANDERSON, EDDIE M**
STREET ADDRESS **624 SOUTH HERNANDO ST.**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

704-758-3603

Daytime Phone #

CR2E037 (1/98)