

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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 90058 047 ****61.25

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1. Corporation Name

SEVEN DAY SABBATH, EVERY DAY JESUS, TEACHING MIN
ISTRY, INC.

Principal Place of Business

1321 SILVER STREET
JACKSONVILLE FL 32206

Mailing Address

1321 SILVER STREET
JACKSONVILLE FL 32206



2. Principal Place of Business

21 2667 Edison Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 12824
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3586088

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

City & State

23 Jax. FL

City & State

28 Jax. FL

Zip

Country

24 32254 25 Duval

Zip

Country

29 32209 30 Duval

9. Name and Address of Current Registered Agent

BLACKWELL, DARLINE
1321 SILVER STREET
JACKSONVILLE FL 32206

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: *Darline P. Blackwell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BLACKWELL, DARLINE P
STREET ADDRESS
P.O. BOX 42844 12824
CITY-ST-ZIP
JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME
BLACKWELL, CHARLES
STREET ADDRESS
P.O. BOX 12824
CITY-ST-ZIP
JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME
RIVERS, ARETHA D
STREET ADDRESS
1331 SILVER STREET
CITY-ST-ZIP
JACKSONVILLE FL 32206

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: *Darline P. Blackwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-99 (904) 632-1271
Date Daytime Phone #

0000135

CR2E037 (5/99)