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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000007001

1. Corporation Name
GOLDEN YEARS MINISTRIES OF SUMTER COUNTY, INC.

Principal Place of Business	Mailing Address
10127 COUNTY RD 114C WILDWOOD FL 34785	10127 COUNTY RD 114C WILDWOOD FL 34785

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 12/10/1998
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-3548755 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
FERRI, THOMAS
10127 COUNTY RD 114C
WILDWOOD FL 34785

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 _____ 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	
TITLE	PD ☐ DELETE	1.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	FERRI, THOMAS	1.2 NAME	JUNE M. TOWNSEND
STREET ADDRESS	10261 CR 117	1.3 STREET ADDRESS	P.O. BOX 1414
CITY-ST-ZIP	OXFORD FL 34481	1.4 CITY-ST-ZIP	LAKE PANAS, FL 33538
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LODGE, LOIS	2.2 NAME	
STREET ADDRESS	5589 CR 547	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, CAROLE F.	3.2 NAME	
STREET ADDRESS	10127 COUNTY RD 114C	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BASULA M. MADDOX	4.2 NAME	
STREET ADDRESS	10845 North Highway 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34785	4.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT E. MADDOX	5.2 NAME	
STREET ADDRESS	10845 NORTH Highway 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34785	5.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JEWEL B. TOWNSEND	6.2 NAME	
STREET ADDRESS	P.O. BOX 1136	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANAS, FL 33538	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 4-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)