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Apr 28, 1999 8:00 am
Secretary of State

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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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DOCUMENT # N98000007001
 1. Corporation Name
GOLDEN YEARS MINISTRIES OF SUMTER COUNTY, INC.

Principal Place of Business 10127 COUNTY RD 114C WILDWOOD FL 34785	Mailing Address 10127 COUNTY RD 114C WILDWOOD FL 34785
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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 59-3548753
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust F. and Contribution <input type="checkbox"/> \$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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEULA 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
 Date: 4-26-99 Daytime Phone # _____

CR2E037 (11/98)