## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

THE HOLT ASSEMBLY OF GOD, INC.									
Principal Place of Business		Malling Address				A IBANA KABUL AND SIDIL BINDI INTER 1947 DID	AN BURN DIRN BURN BI	ON OLON HED	
BERRY ST. P.O. BOX 7 HOLT FL 32564-0007		BERRY ST. P.O. BOX 7 HOLT FL 32564-0007				Date Incorporated or Qualified 01/30/1978 FEI Number		plied For	
O Delevative I D	L On Mallian Address	no Addrona			59-2115734		t Applicable		
2. Principar P	lace of Business	2s. Mailing Address	26			5. Certificate of Status Desired	<b>\$8.75</b> A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			6. Election Campaign Financing	\$5.00 N		
22		27	<del></del>			Trust Fund Contribution	Added to		
City & State		City & State				7. Is this nonprofit corporation a homeow		ገን	
<b>23</b> Zip	Country	Zip	Coun	trv		8. This corporation owes or has paid the		angibla	
24	25	29	30	,		Personal Property Tax due June 30.		arigible No	
	9. Name and Address of Curre	nt Registered Agent	<u> </u>			10. Name and Address of New Registe	red Agent	·	
			E	1 Nam	10				
HOLT, BRENDA C				2 Stre	et Addres	ddress (P.O. Box Number is Not Acceptable)			
4861 L ADAMS RD			-	3					
HOLT FL 32564									
			8	4 City		- I	FL 85 Zip (	Code	
agent. I a	Signature, typed or pholed name of registered ap	RAC HULF 5TTR and and little Happilicable (NOT				ration submits this statement for the purposin's board of directors. I hereby accept the	<u> </u>	48	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	STTR	DELETE 1.					Change	Addition	
NAME	HOLT, BRENDA			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	4861 ADAMS ROAD HOLT FL			:E1 ADDHES -ST-ZIP	i\$				
CITY-ST-ZIP TITLE	VO	☐ DELETE	2.1 TITL		OD		Change	Addition	
NAME	DAWSON, LARRY L					ison Larry L	<b>,</b>		
STREET ADDRESS	605 EAST SOUTHSIDE DRIVE		2.3 STRE	ET ADDRES	s 605	EAST Schliste Orive			
CITY-ST-ZIP	HOLT FL		2. 4 CIT	-ST-ZIP	1+0				
TITLE	<b>DP</b>	DELETE	3.1 TITL			- ·	☐ Change	Addition	
NAME	MCKINNEY, LARUE	·	3.2 NAM		13				
STREET ADDRESS	1112 HWY 90 WEST		1	et addres	s				
CITY-ST-ZIP	HOLT FL	DELETE	_	-\$T-ZIP	<del> </del>		Change	Addition	
TITLE			4.1 TITL		P	1/ I. Dan		Nantinoi	
NAME STREET ADDRESS			4. 2 NAM	ET ADORES	Juli	llock, Don o pickens circle igan Fl. 32537			
CITY-ST-ZIP			4.4 CITY		mil	PICKENS CITCLE			
TITLE		DELETE	5.1 TITLE		713.17	15an Fi 32327	☐ Change	Addition	
NAME			5.2 NAM						
STREET ADDRESS				et addres	s l			Ì	
CITY-ST-ZIP			5.4 CITY		-				
TITLE	<del></del>	☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS				ET ADDRES	s				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	1				

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 shanged, or on an attachment with an address.

2 199 8

**FILED** 

Mar 16 1998 8:00am

Secretary of State