

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766900** (5)
1. Corporation Name
SPIRIT OF HOLINESS FELLOWSHIP, INC.



Principal Place of Business Mailing Address
C/O REV. WINFRED D. KING
PINE LOG ROAD/ROUTE 4, BOX 192K
CHIPLEY FL 32428
C/O REV. WINFRED D. KING
PINE LOG ROAD/ROUTE 4, BOX 192K
CHIPLEY FL 32428

3. Date Incorporated or Qualified **02/09/1983** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2432813** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
KING, REV. WINFRED D.
~~PINE LOG ROAD~~ **3754 BUNYON DR.**
ROUTE 4, BOX 192K
CHIPLEY FL 32428

10. Name and Address of New Registered Agent
81 Name **KING REV. WINFRED D.**
82 Street Address (P.O. Box Number is Not Acceptable)
3754 BUNYON DR.
83 **RT 4.**
84 City **Chipley** FL 85 Zip Code **32428**

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 *Rev. Winfred D. King* DATE **4-26-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KING, REV. WINFRED D.	
STREET ADDRESS	RT 4, BOX 192K PINE LOG	
CITY-ST-ZIP	3754 Bunyon Dr. CHIPLEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMS, REV DAVID	
STREET ADDRESS	RT 3, BOX 110-A	
CITY-ST-ZIP	ANDALUSIA, AL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARRAWAY, REV RUFUS	
STREET ADDRESS	1,000 CROTON ST	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	KING, REV. WINFRED D.	
1.3 STREET ADDRESS	3754 BUNYON DR. / RT 4	
1.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
2.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rev. David Sims* DATE: **4/37/96** (334) 795-3107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)