

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766900 (5)**  
1. Corporation Name  
**SPIRIT OF HOLINESS FELLOWSHIP, INC.**



Principal Place of Business <b>C/O REV. WINFRED D. KING PINE LOG ROAD/ROUTE 4, BOX 192K CHIPLEY FL 32428</b>	Mailing Address <b>C/O REV. WINFRED D. KING PINE LOG ROAD/ROUTE 4, BOX 192K CHIPLEY FL 32428-9333</b>
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3. Date Incorporated or Qualified <b>02/09/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>C/O Rev. Winfred D. King</b> Suite, Apt. #, etc. 22 <b>3754 Bunyon Dr.</b> City & State 23 <b>Chipley FL 32428</b> Zip 24 <b>32428</b>	2a. Mailing Address 26 <b>C/O Rev. Winfred D. King</b> Suite, Apt. #, etc. 27 <b>3754 Bunyon Dr.</b> City & State 28 <b>Chipley FL.</b> Zip 29 <b>32428</b>
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4. FEI Number <b>59-2432813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KING, REV. WINFRED D.  
3754 BUNYON DR.  
RT 4  
CHIPLEY FL 32428**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KING, REV. WINFRED D.</b>	
STREET ADDRESS	<b>3754 BUNYON DR.</b>	
CITY - ST - ZIP	<b>CHIPLEY FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SIMS, REV DAVID</b>	
STREET ADDRESS	<b>RT 3, BOX 110-A</b>	
CITY - ST - ZIP	<b>ANDALUSIA, AL 00000</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>CARRAWAY, REV RUFUS</b>	
STREET ADDRESS	<b>1,000 CROTON ST</b>	
CITY - ST - ZIP	<b>LAKE PLACID, FL 00000</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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.

SIGNATURE: **REV. WINFRED D. KING** 4-21-97 1-904-782-2836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000000

CR2E037 (9/96)