

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**APPROVED  
AND  
FILED**

**95 JUL 12 AM 10:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N39140 (1)**

1. Corporation Name

**HOLY ROCK BIBLE DELIVERANCE CENTER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
13170-58 ATLANTIC BLVD #308 JACKSONVILLE FL 32225  
13170-58 ATLANTIC BLVD #308 JACKSONVILLE FL 32225

3. Date Incorporated or Qualified 07/18/1990  
3a. Date of Last Report 10/13/1994

4. FEI Number 65-0191550  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 26 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HILL, L. B.  
13170-58 ATLANTIC BLVD #308  
JACKSONVILLE FL 32225**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME HILL, L. B., DR.  
STREET ADDRESS 13170-58 ATLANTIC BLVD #308  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE DST  
NAME NAPPER, ALEX C  
STREET ADDRESS 7322 CALVIN STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME MILLIGAN, MYRTLE  
STREET ADDRESS 905 SECOND ST.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*T.S. 7/12/95*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME *Estelita Ford*  
2.3 STREET ADDRESS *1178 NW 7th Ave*  
2.4 CITY-ST-ZIP *Ocala, Fl. 32670*

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**800001537018**  
**07/13/95 01057 022**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

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: *L.B. Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3-95)