

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**APPROVED
AND
FILED**

95 JUL -3 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000001451 (4)

1. Corporation Name

**OKEECHOBEE FIRST PENTECOSTAL HOLINESS CHURCH, IN
C.**

Principal Place of Business

Mailing Address

912 N.W. 2ND ST.
P.O. BOX 1123
OKEECHOBEE FL 34973

912 N.W. 2ND ST.
P.O. BOX 1123
OKEECHOBEE FL 34973

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/31/1993** 3a. Date of Last Report **02/01/1994**

4. FEI Number **65-0377283** 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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**DOWLER, JOHN E.
7180 NE 12 LN
OKEECHOBEE FL 33474**

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 (required)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CRAWFORD, CHARLES R
STREET ADDRESS	#10 ROSEBUD PARK
CITY - ST - ZIP	OKEECHOBEE FL 34972
TITLE	VD
NAME	WARD, ALICE
STREET ADDRESS	3609 NW 163 CT
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	STD
NAME	HEATER, LINDA D
STREET ADDRESS	17216 NW 3RD LANE
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	D
NAME	DOWLET, JOHN E.
STREET ADDRESS	7180 N.E. 12TH LANE
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	D
NAME	HEATER, DONALD
STREET ADDRESS	17216 N.W. THIRD LANE
CITY - ST - ZIP	OKEECHOBEE FL 34972
TITLE	D
NAME	HUTCHINSON, CARSON
STREET ADDRESS	8842 S.E. 57TH DR.
CITY - ST - ZIP	OKEECHOBEE FL 34972

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	BRUCE W. SWINFORD
24 CITY - ST - ZIP	P.O. BOX 1663 NA OKEECHOBEE, FLORIDA 34973-1663
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	STD
33 STREET ADDRESS	PAMELA J. WYATT
34 CITY - ST - ZIP	7280 N.W. 87th COURT OKEECHOBEE, FLORIDA 34972
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CORRECTION
43 STREET ADDRESS	JOHN E. DOWLER
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	COX, WESLEY D.
54 CITY - ST - ZIP	7180 N.E. 12th Lane Okeechobee, FL 34972
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	6/22/95
63 STREET ADDRESS	467-7143
64 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 110.07(3)(b), 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: *John E. Dowler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 467-7143
(Date) (Telephone #)

CR2E037 (3/95)