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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001451 (4)**

1. Corporation Name
OKEECHOBEE FIRST PENTECOSTAL HOLINESS CHURCH, INC.



Principal Place of Business: 912 N.W. 2ND ST. P.O. BOX 1123 OKEECHOBEE FL 34973
Mailing Address: 912 N.W. 2ND ST. P.O. BOX 1123 OKEECHOBEE FL 34973

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 07/03/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent
**DOWLER, JOHN E.
7180 NE 12 LN
OKEECHOBEE FL 33474**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: *John E. Dowler* **John E. Dowler, Director** 2/19/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: CRAWFORD, CHARLES R	1.1 TITLE: PD
STREET ADDRESS: #10 ROSEBUD PARK	CITY-ST-ZIP: OKEECHOBEE FL 34972	1.2 NAME: MELVIN Hutto
		1.3 STREET ADDRESS: 1793 S.W. 22ND TERR
		1.4 CITY-ST-ZIP: OKEECHOBEE, FL 34972
TITLE: VD	NAME: SWINFORD, BRUCE W	2.1 TITLE: T
STREET ADDRESS: P.O. BOX 1663 N/A	CITY-ST-ZIP: OKEECHOBEE FL 34973-1663	2.2 NAME: MARY HAY
		2.3 STREET ADDRESS: 9205 S.E. 60TH DR.
		2.4 CITY-ST-ZIP: OKEECHOBEE, FL 34974
TITLE: STD	NAME: WYATT, PAMELA J	3.1 TITLE: ST
STREET ADDRESS: 7280 N.W. 87TH COURT	CITY-ST-ZIP: OKEECHOBEE FL 34972	3.2 NAME: LINDA D. HEATER
		3.3 STREET ADDRESS: 17216 N.W. 3RD LANE
		3.4 CITY-ST-ZIP: OKEECHOBEE, FL 34974-8551
TITLE: D	NAME: DOWLER, JOHN E	4.1 TITLE:
STREET ADDRESS: 7180 N.E. 12TH LANE	CITY-ST-ZIP: OKEECHOBEE FL	4.2 NAME:
		4.3 STREET ADDRESS:
		4.4 CITY-ST-ZIP:
TITLE: D	NAME: HEATER, DONALD	5.1 TITLE:
STREET ADDRESS: 17216 N.W. THIRD LANE	CITY-ST-ZIP: OKEECHOBEE FL 34972	5.2 NAME:
		5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:
TITLE: D	NAME: HUTCHINSON, CARSON	6.1 TITLE:
STREET ADDRESS: 8842 S.E. 57TH DR.	CITY-ST-ZIP: OKEECHOBEE FL 34972	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: *Linda D. Heater* **Linda D. HEATER** 2/20/96 (941) 357-1028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)