FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90040 047 ****70.00

DOCUMENT # N	93000001	451
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1. Corporation Name

OKEECHOBEE FIRST PENTECOSTAL HOLINESS CHURCH, IN

Principal Place	e of Business	Mailing Address							
912 N.W. 2 ND		912 N.W. 2ND ST.				t sa moraus den anima debit nucle antie nacis dari) : a	A 10 A 11 A 15	81881 9 1	. 61 1181 1866
P.O. BOX 112		P.O. BOX 1123							
OKEECHOBEE	FL 34973	OKEECHOBEE FL 34973	-	~					
							~		\
·	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
21		26				03/31/1993		Τ.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	F		olied For
22	<u> </u>	27				65-0377283			Applicable
City & State	е	City & State				5. Certificate of Status Desired	•	. / 3) A	dditional
23		28	Country						
Zip	Country	Zip	· · · ·	y		6. Election Campaign Financing		o.UU f dded to	May Be
24	25	29	30			10. Name and Address of New Registered		ו משטו	7 F665
	9. Name and Address of Current	Registered Agent	81	П	lame	10. Name and Address of New Registered	- Gent		
Ì			0.		taille				
DOWLER,	JOHN E.		82	: s	Street Acdre	ss (P.O. Box Number is Not Acceptable)			
7180 NE	12 LN		-						
OKEECHO	DBEE FL 33474		83	1					
			84	C	City		85	Zip C	ode
					•	FL			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abov	e-na	amed corpor	ration submits this statement for the purpose of i's board of cirectors. I hereby accept the appoi	changii ntment	ng its r	egistered stered
agent. a	m familiar with, and accept the obligati	ons of, Section 617.0503, Flo	oridā Statutes	s.~	Colporation			g	
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Registered Age	nt sig	nature required				5.0 151 40
12.	OFFICERS ANI		13.		I & S	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRI		
TITLE	PD	DE DELETE	1.1 TITLE		₹D		(ACI	ange	☐ Addition
NAME	HUTTO, MELVIN		1.2 NAME		مدد	wid Schierbaum			
STREET ADDRESS	1793 SW 22ND TERR		1.3 STREE	TADE		O SW SN ST			
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-5	ST-ZIF	P OK	ercholice FL 34973			
TITLE	T	DELETE	2.1 TITLE				☐ Ch	ange	Addition
NAME	HAY, MARY		2.2 NAME						
STREET ADDRESS	9205 SW 60TH DR		2.3 STREE	T ADE	DRESS				
CITY-ST-ZIP	OKEECHOBEE FL		2. 4 CITY-	ST-ZI	IP				
TITLE	ST	✓ DELETE	3.1 TITLE		7.5		[i]-Ch	ange	Addition
NAME	Heater, Linda D.		3.2 NAME		(C)A	VIO MOINHEY			
STREET ADDRESS	3603 S.E. 26TH STREET		3.3 STREE	TADE	DRESS 359	VIO MONHEY 44 N.W. 1944 AUC (cecholog FL 34923			
CITY-ST-ZIP	OKEECHOBEE FL		3.4. CITY-	ST-ZII	P (2)	cecholes fl 34923			
TITLE .	D	☐ DELETE	4.1 TITLE				Ch	ange	☐ Addition
NAME	DOWLER, JOHN &		4. 2 NAME						
STREET ADDRESS	7180 N.E. 12TH LANE		4.3 STREE	T ADE	DRESS				
CITY-ST-ZIP	OKEECHOBEE FL		4.4 CITY-5	ST-ZIF	P				
TITLE	D	☐ DELETE	5.1 TITLE				☐ Ch	ange	☐ Addition
NAME	HEATER, DONALD		5.2 NAME						
STREET ADDRESS	3603 S.E. 26 STREET		5.3 STREE	TAD	DRESS				
CITY-ST-ZIP	OKEECHOBEE FL	/	5.4 CITY-5	ST-ZIF	Р				
TITLE	D	(X) DELETE	6.1 TITLE		4.7		Z) er	lange	☐ Addition
NAME	HUTCHINSON, CARSON		6.2 NAME		اعلا	rma Schierbaum			
STREET ADDRESS	8842 S.E. 57TH DR.		6.3 STREE	T ADO	ORESS HO	0 S.W. 3td 5T			

OKECHOBEE FL 34972

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAILE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description

De

CR2E037 (11/98