

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002528 (7)**

1. Corporation Name

**SHADY OAK HOLINESS CHURCH, INC.**



Principal Place of Business

Mailing Address

2501 US HWY 17 S  
BARTOW FL 33880  
US

P O BOX 696  
EAGLE LAKE FL 33839  
US

3. Date Incorporated or Qualified  
**05/16/1994**

3a. Date of Last Report  
**08/04/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3975 MORRIS DR.**

26

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

28 City & State

**Bartow FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip **33839**

25 Country **FL**

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTLEY, FRANKLIN  
590 LAURA AVE.  
EAGLE LAKE FL 33839**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
NAME **BARTLEY, FRANKLIN**  
STREET ADDRESS **590 LAURA AVE.**  
CITY-ST-ZIP **EAGLE LAKE FL 33839**

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

TITLE **VD**  DELETE  
NAME **RICHARDS, LEE R**  
STREET ADDRESS **4785 HEATH LANE**  
CITY-ST-ZIP **BARTOW FL 33880**

2.1 TITLE  Change  Addition  
2.2 NAME **JOHNNY Lee Klaggard**  
2.3 STREET ADDRESS **640 8th St**  
2.4 CITY-ST-ZIP **Eagle Lake FL 33839**

TITLE **STD**  DELETE  
NAME **BARTLEY, VIVIAN A**  
STREET ADDRESS **590 LAURA AVE.**  
CITY-ST-ZIP **EAGLE LAKE FL 33839**

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 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: Franklin Bartley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/09/96 (541) 294-8081**  
Date Daytime Phone #

CR2E037 (12/95)