

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90104 041 ****61.25

DOCUMENT # N97000000512

1. Corporation Name

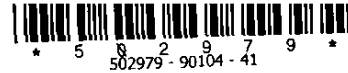
**ZION TEMPLE HOLINESS CHURCH TWENTY EIGHTH STREET
, INC.**

Principal Place of Business

**558 28TH STREET SOUTH
PARCEL #23/31/161/17298
SAINT PETERSBURG FL 33712
US**

Mailing Address

**558 28TH STREET SOUTH
008/0090 558 28TH ST. SO
ST PETERSBURG FL 33712
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Zip Country

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

59-3424347

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

9. Name and Address of Current Registered Agent

**SANDS, WILLIE
3537 BEACH DR SOUTHEAST
ST PETERSBURG FL 33712**

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 ☐ DELETE

NAME
AP
SANDS, WILLIE
STREET ADDRESS
558 28TH STREET SOUTH
CITY-ST-ZIP
SAINT PETERSBURG FL 33712

TITLE ☐ DELETE

NAME
SE
JONES, LILLIAN A
STREET ADDRESS
558 28TH STREET SOUTH
CITY-ST-ZIP
SAINT PETERSBURG FL 33712

TITLE ☐ DELETE

NAME
VD
WITCHARD, WILLIE
STREET ADDRESS
558 28TH STREET SOUTH
CITY-ST-ZIP
SAINT PETERSBURG FL 33712

TITLE ☒ DELETE

NAME
PE
BOLDEN, BOBBY LEE
STREET ADDRESS
558 28TH ST, SOUTH
CITY-ST-ZIP
ST PETERSBURG FL 33712

TITLE ☐ DELETE

NAME
TT
CARTY, GEORGE
STREET ADDRESS
558 28TH STREET, SO
CITY-ST-ZIP
ST PETERSBURG FL 33712

TITLE ☐ DELETE

NAME
MD
RUSH, ROBERT
STREET ADDRESS
558 28TH STREET, SO
CITY-ST-ZIP
ST PETERSBURG FL 33712

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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: *Lillian Jones Thompson* **4-27-99** **727-568-5065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)