

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PH 12:47

DOCUMENT # 700077 (1)

1. Corporation Name

HOLDEN HEIGHTS METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

1224 26TH STREET
ORLANDO FL 32805

1224 26TH STREET
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1959

3a. Date of Last Report

03/02/1994

4. FBI Number

59-1163840

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

☒

\$68.75 Supplemental
Fee Not Required

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

RAPP WAYNE
3015 TRADEWINDS TRAIL
ORLANDO FL 32805

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP
NAME RAPP WAYNE
STREET ADDRESS 3015 TRADEWINDS TRAIL
CITY-ST-ZIP ORLANDO FL 32805

1.1 TITLE ☐ Change ☐ Addition

TITLE TD
NAME GRABOWSKI CAROL
STREET ADDRESS 2035 ONAKA DRIVE
CITY-ST-ZIP ORLANDO FL 32805

2.1 TITLE ☒ Change ☐ Addition

TITLE SD
NAME SELLERS ANN
STREET ADDRESS 2611 SEABREEZE CT.
CITY-ST-ZIP ORLANDO FL 32805

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

7.1 TITLE ☐ Change ☐ Addition

8.1 TITLE ☐ Change ☐ Addition

9.1 TITLE ☐ Change ☐ Addition

10.1 TITLE ☐ Change ☐ Addition

11.1 TITLE ☐ Change ☐ Addition

12.1 TITLE ☐ Change ☐ Addition

SIGNATURE: CAROL H. Grabowski Carol H. Grabowski 1/25/95 (407) 843-6940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Phone #

0001133