FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # 708228 (2)

1. Corporation Name
THE HICKORY HOLLOW HOLINESS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PINE STREET. (OVERSTREET. FL) ROUTE 3. BOX 614 PT. ST. JOE FL 32456	PINE STREET. (OVERSTREET. FL) ROUTE 3. BOX 614 PT. ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1964
3a. Date of Last Report: 03/02/1994
4. FEI Number: 23-7043978 ☐ 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

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

9. Name and Address of Current Registered Agent

TREMAIN, WILBUR L.
ROUTE 3, BOX 614
PT. ST. JOE FL 32456

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 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 _____ DATE
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	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	TREMAIN, WILBUR L.	1.2 NAME		
STREET ADDRESS	PINE STREET	1.3 STREET ADDRESS	Chapel Lane	
CITY-ST-ZIP	OVERSTREET FL	1.4 CITY-ST-ZIP		
TITLE	VCD	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	TREMAIN, ALLEN L	2.2 NAME	Tremain, Allen L.	
STREET ADDRESS	RT. 1, BOX 351, HWY 386	2.3 STREET ADDRESS	Rt. 1,Box 287	
CITY-ST-ZIP	WEWAHITCHKA FL	2.4 CITY-ST-ZIP	Ellijay, Ga. 30540	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	TREMAIN, HAZEL T.	3.2 NAME		
STREET ADDRESS	PINE STREET	3.3 STREET ADDRESS	Chapel Lane	
CITY-ST-ZIP	OVERSTREET FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Smalley, Rev. M. Jay	
STREET ADDRESS		4.3 STREET ADDRESS	213 N. Parsons Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Seffner, Fl. 33584	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	McClelland, Rev. Harold J, Jr.	
STREET ADDRESS		5.3 STREET ADDRESS	Chapel Lane	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Overstreet, Fl.	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Wilbur L. Tremain 1/27/95 904-639-8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILBUR L. TREMAIN

0020108