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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 710824 (4)

1. Corporation Name

THE CHURCH OF THE HOLYROOD, INC.

Principal Place of Business

Mailing Address

4611 DUHME ROAD, #1C
MADEIRA BEACH FL 33708

4611 DUHME ROAD, #1C
MADEIRA BEACH FL 33708-2808

3. Date Incorporated or Qualified
04/29/1966

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
05-0002715

Applied For
Not Applicable

5. Certificate of Status Desired

☐

~~\$2.75~~

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

WHITTLESEY, WELLINGTON W.
4611 DUHME ROAD # 1C
MADEIRA BEACH FL 33708

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
NAME WHITTLESEY, WELLINGTON
STREET ADDRESS 4611 DUHME RD, APT 1C
CITY-ST-ZIP MADEIRA BEACH FL

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

TITLE SD
NAME FRIDRICHSON, ELIZABETH R.
STREET ADDRESS 2000 U.S. 19 NORTH (727)
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE SD
2.2 NAME Fridrichson, Elizabeth R.
2.3 STREET ADDRESS 20000 U.S. 19 No. #727
2.4 CITY-ST-ZIP Clearwater, FL 34624

TITLE TD
NAME FRIDRICHSON, IMANTS ERIC
STREET ADDRESS 2000 U.S. 19 NORTH (727)
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE TD
3.2 NAME Fridrichson, Imants Eric
3.3 STREET ADDRESS 20000 U.S. 19 North (727)
3.4 CITY-ST-ZIP Clearwater, FL 34624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

Wellington W. Whittlesey

CR2E037 (9/96)