

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 # 716877 (6)

1. Corporation Name

**THE HIGHWAY HOLINESS CHURCH OF CHRIST OF THE APO
STILE, INC.**



Principal Place of Business

**2404 NW 20 ST
FT. LAUDERDALE FL 33311
US**

Mailing Address

**2404 NW 20 ST
FT. LAUDERDALE FL 33311
US**

3. Date Incorporated or Qualified
07/15/1969

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 2404 NW 20 ST

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale Fla.

24 33311

Country

25 Broward

2a. Mailing Address

26 165 NW 20 ST

Suite, Apt. #, etc.

27 City & State

28 Pompano B Fla.

29 33060

Country

30 Broward

4. FEI Number
51-0182650

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**

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

9. Name and Address of Current Registered Agent

**GRISSETT, RALPH
165 N.W. 15TH ST.
POMPANO BEACH FL 33060**

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 if not applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME GRISSETT, RALPH
STREET ADDRESS 165 NW 15TH ST.
CITY - ST - ZIP POMPANO BCH. FL**

TITLE ☐ DELETE

**D
NAME GILES, LUCHER
STREET ADDRESS 2208 NW 20TH ST.
CITY - ST - ZIP FT. LAUDERDALE FL**

TITLE ☐ DELETE

**D
NAME GREEN, FRANK, JR.
STREET ADDRESS 424 NE 2ND ST.
CITY - ST - ZIP BOYNTON BCH. FL**

TITLE ☐ DELETE

**D
NAME GRISSETT, CHARLES N.
STREET ADDRESS 2802 NW 6TH ST.
CITY - ST - ZIP POMPANO BCH. FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 943 6790

CR2E037 (12/95)