

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 22 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 710877

1. Corporation Name

Highway Holiness Church of Christ of the Apostles, Inc.

Principal Place of Business

Mailing Address

2404 N.W. 20th St  
H. Lauderdale Fla 33311

3. Date Incorporated or Qualified

3a. Date of Last Report

March 96

2. Principal Place of Business

21 2404 N.W. 20th St

2a. Mailing Address

26 165 N.W. 15th St

4. FEI Number

51-0192650

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

22 City & State

23 H. Lauderdale Fla

27 City & State

28 Pompano Beach Fla

24 Zip

24 33311

Country

25 Broward

29 Zip

29 33060

Country

30 Broward

9. Name and Address of Current Registered Agent

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 BP GRISSETT, Bishop R ☐ DELETE  
NAME  
STREET ADDRESS 165 N.W. 15th St  
CITY-ST-ZIP Pompano Beach Fla 33060

TITLE BV GRISSETT, Ida Mae ☐ DELETE  
NAME  
STREET ADDRESS 165 N.W. 15th St  
CITY-ST-ZIP Pompano Beach Fla 33060

TITLE BT GRISSETT, Deacon C ☐ DELETE  
NAME  
STREET ADDRESS 2801 N.W. 6th St  
CITY-ST-ZIP Pompano Beach Fla

TITLE B GILES, Deacon L ☐ DELETE  
NAME  
STREET ADDRESS 2208 N.W. 20th St  
CITY-ST-ZIP H. Lauderdale Fla

TITLE B GREEN, Deacon F JR ☐ DELETE  
NAME  
STREET ADDRESS 424 N.E. 2nd St  
CITY-ST-ZIP Boynton Beach Fla

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 800002328448--4  
1.4 CITY-ST-ZIP -10/23/97--01104--022  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/97 9549436790

1800 9436790

CR2E037 (9/96)