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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 165 NW 15TH STREET POMPANO BEACH FL 33060 US
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3. Date Incorporated or Qualified 07/15/1969
4. FEI Number 51-0182650
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2404 NW 20 ST Suite, Apt. #, etc.	2a. Mailing Address 28 165 NW 15TH ST Suite, Apt. #, etc.
City & State 23 Ft. Lauderdale	City & State 28 Pompano B. FL
Zip 24 33311	Country 25 Broward
Zip 29 33060	Country 30 Broward

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRISSETT, RALPH 185 N.W. 15TH ST. POMPANO BEACH FL 33060
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Ralph Grissett (NOTE: Registered Agent signature required when reinstating) DATE 3-4-98

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	GRISSETT, BISHOP R
STREET ADDRESS	185 NW 15TH ST.
CITY-ST-ZIP	POMPANO BCH. FL 33060
TITLE	D <input type="checkbox"/> DELETE
NAME	GILES, DEACON L.
STREET ADDRESS	2208 NW 20TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREEN, DEACON F., JR.
STREET ADDRESS	424 NE 2ND ST.
CITY-ST-ZIP	BOYNTON BCH. FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	GRISSETT, IDA MAE
STREET ADDRESS	185 NW 15TH STREET
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	DT <input type="checkbox"/> DELETE
NAME	GRISSETT, DEACON C
STREET ADDRESS	2208 NW 20 ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: Ralph Grissett 3-4-98 9549436790

CR2E037 (10/97)