

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90101 015 \*\*\*\*61.25

DOCUMENT # 716877

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

104007-90101-15



2. Principal Place of Business

21 2404 NW 20 ST

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale FL

Zip

24 33311

Country Broward

2a. Mailing Address

26 165 NW 15 ST

Suite, Apt. #, etc.

27

City & State

28 Pompano B. FL

Zip

29 33060

Country Broward

3. Date Incorporated or Qualified

07/15/1969

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GRISSETT, BISHOP R

STREET ADDRESS 165 NW 15TH ST.

CITY-ST-ZIP POMPANO BCH. FL 33060

TITLE D ☐ DELETE

NAME GILES, DEACON L.

STREET ADDRESS 2208 NW 20TH ST.

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME GREEN, DEACON F., JR.

STREET ADDRESS 424 NE 2ND ST.

CITY-ST-ZIP BOYNTON BCH. FL

TITLE DV ☐ DELETE

NAME GRISSETT, IDA MAE

STREET ADDRESS 165 NW 15TH STREET

CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE DT ☐ DELETE

NAME GRISSETT, DEACON C

STREET ADDRESS 2208 NW 20 ST

CITY-ST-ZIP FT. LAUDERDALE FL 33311

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)