

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732216 (7)

1. Corporation Name  
 APOSTLE HOLINESS CHURCH OF JESUS CHRIST



Principal Place of Business: 3019 NW 6TH ST. POMPANO BEACH FL 33069-2123  
 Mailing Address: 3019 NW 6TH ST. POMPANO BEACH FL 33069-2123

CHURCH

3. Date Incorporated or Qualified: 03/19/1975  
 3a. Date of Last Report: 02/15/1995

2. Principal Place of Business: 21 22538-128th St, Live OAK, FL, 32060-5646  
 2a. Mailing Address: 26 Rev. L. Bain, 22538-128th St, Live OAK, FL, 32060-5646  
 23. City & State: Live OAK, FL  
 24. Zip: 32060-5646, Country: Swannee  
 25. Swannee  
 29. 32060-5646, Country: Swannee  
 30. Swannee

4. FEI Number: 50-2647001  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$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  
 BAIN, LEROY BISHOP  
 3013 NW 6TH STREET  
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent  
 81 Name: Ms. Penny Sheffield - C.U.M.  
 82 Street Address (P.O. Box Number is Not Acceptable): ~~5155 ERIN RD SW~~  
 83 Rt. 4 BOX 516  
 84 City: Chipley, FL  
 85 Zip Code: 32428

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: *Ms. Penny Sheffield* Ms. Penny Sheffield 8/2/96  
 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, LEROY	1.2 NAME	
STREET ADDRESS	3026 NW 6TH STREET	1.3 STREET ADDRESS	22538 128th St.
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Live OAK, FL 32060-5646
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBBS, ANNIE PEARL	2.2 NAME	SD Ms Penny Sheffield
STREET ADDRESS	3013 NW 6TH STREET	2.3 STREET ADDRESS	Rt. 4 BK. 516
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	SCD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, AMBRISSE	3.2 NAME	SCD
STREET ADDRESS	3026 NW 6TH ST.	3.3 STREET ADDRESS	22538-128th St.
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Live OAK, FL 32060-5646
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, ANNIE PEARL	4.2 NAME	
STREET ADDRESS	3013 NW 6TH ST	4.3 STREET ADDRESS	22538-128th St.
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Live OAK, Florida 32060-5646
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, LEON	5.2 NAME	
STREET ADDRESS	3026 N.W. 6TH STREET	5.3 STREET ADDRESS	22538-128th St.
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	Live OAK, FL 32060-5646
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIN, GARY	6.2 NAME	Annie BAIN
STREET ADDRESS	3013 NW 6TH STREET	6.3 STREET ADDRESS	22538-128th St.
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	Live OAK, FL 32060-5640

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: *Rev. L. Bain* 8/2/96 404 658-2650  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)