

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 # 737332 (7)

1. Corporation Name

ST. PETER UPON THIS ROCK HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

RT 5 BOX 209-E
HUTCHINSON FERRY RD
QUINCY FL 32351-9805

RT 5 BOX 209-E
HUTCHINSON FERRY RD
QUINCY FL 32351-9805

APPROVED
AND
FILED

1996 MAY -9 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/17/1976

3a. Date of Last Report

09/18/1995

4. FEI Number

59-2070524

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

10. Name and Address of New Registered Agent

KELLY, ELDER LEROY
ATLANTA STREET
RT. 4 BOX 1114
QUINCY FL 32351

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KELLY, ELDER ROY
STREET ADDRESS HUTCHISON FERRY ROAD
CITY-ST-ZIP QUINCY FL

TITLE TD
NAME KELLY, ELDER WILLIE J.
STREET ADDRESS JAMESON ROAD
CITY-ST-ZIP QUINCY FL

TITLE S
NAME KELLY, BETTY A.
STREET ADDRESS HUTCHISON FERRY ROAD
CITY-ST-ZIP QUINCY FL

TITLE DS
NAME KELLY, ELIZABETH
STREET ADDRESS HUTCHISON FERRY ROAD RT. 5 BOX 209E
CITY-ST-ZIP QUINCY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition
500001815615
05/08/96 01092-013
*****70.00 *****70.00

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:

Leroy Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/09/96

Date

904-627-7709

Daytime Phone #

CR2E037 (12/95)