

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 JUN 25 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 11/17/1976 3a. Date of Last Report 05/09/1996
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
**KELLY, LEROY ELDER
ATLANTA STREET
RT. 4 BOX 1114
QUINCY FL 32351**
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 PD ☐ DELETE
NAME KELLY, ROY ELDER
STREET ADDRESS HUTCHISON FERRY ROAD
CITY-ST-ZIP QUINCY FL
TITLE TD ☐ DELETE
NAME KELLY, WILLIE J ELDER
STREET ADDRESS JAMIESON ROAD
CITY-ST-ZIP QUINCY FL
TITLE S ☐ DELETE
NAME KELLY, BETTY A
STREET ADDRESS HUTCHISON FERRY ROAD
CITY-ST-ZIP QUINCY FL
TITLE DS ☐ DELETE
NAME KELLY, ELIZABETH
STREET ADDRESS HUTCHISON FERRY ROAD RT. 5 BOX 209E
CITY-ST-ZIP QUINCY FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 600002223156--1
1.3 STREET ADDRESS -06/25/97--01107--005
1.4 CITY-ST-ZIP *****70.00 *****70.00
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.

CR2E037 (9/96)