

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

APPROVED
AND
FILED

99 JUL 30 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737332

1. Corporation Name

ST. PETER UPON THIS ROCK HOLINESS CHURCH, INC.

Principal Place of Business

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

Mailing Address

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



| | | | | | |
|--------------------------------|--|---------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 11/17/1976 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2070524 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | | 28 | | X | |
| Zip | | Country | | 6. Election Campaign Financing | |
| 24 | | 25 | | Trust Fund Contribution | |
| 29 | | 30 | | Applied For | |
| | | | | Not Applicable | |
| | | | | \$8.75 Additional Fee Required | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, LEROY ELDER
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 | 1.1 TITLE | |
| NAME | KELLY, ROY ELDER | 1.2 NAME | |
| STREET ADDRESS | HUTCHISON FERRY ROAD | 1.3 STREET ADDRESS | 500002952885--3 |
| CITY-ST-ZIP | QUINCY FL | 1.4 CITY-ST-ZIP | -08/06/99--01070--025 |
| TITLE | TD | 2.1 TITLE | *****70.00 |
| NAME | KELLY, WILLIE J ELDER | 2.2 NAME | *****70.00 |
| STREET ADDRESS | JAMESON ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | QUINCY FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | |
| NAME | KELLY, BETTY A | 3.2 NAME | |
| STREET ADDRESS | HUTCHISON FERRY ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | QUINCY FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS | 4.1 TITLE | |
| NAME | KELLY, ELIZABETH | 4.2 NAME | |
| STREET ADDRESS | HUTCHISON FERRY ROAD RT. 5 BOX 209E | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | QUINCY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

LEROY ELDER
LEROY ELDER

7/30/99

850-561-5607

CR2E037 (5/99)