

**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 # 741140 (8)  
1. Corporation Name  
**HOLYHOST CRUSADE EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business: POST OFFICE BOX 119, BERWICK LA 70342-0119  
Mailing Address: POST OFFICE BOX 119, BERWICK LA 70342-0119

3. Date Incorporated or Qualified: 11/28/1977  
3a. Date of Last Report: 02/03/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1772827	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BROWN, ELIGAH**  
3970 NW 185TH ST.  
CAROL CITY FL 33055

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM E	1.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LORETTA E.	2.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	2.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ANDRE P.	3.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GAYNELL	4.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, VERNICE	5.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 19, 96

Date

Daytime Phone #

CR2E037 (12/95)