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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 762033 (9)

1. Corporation Name

PENTECOSTAL HOLINESS EVANGELISTIC ASSOCIATION OF
HIGHLANDS COUNTY, INC.



Principal Place of Business

Mailing Address

321 S AVON ESTATES BLVD.
AVON PARK FL 33825

312 AVON ESTATES BLVD
AVON PARK FL 33825-7857
US

3. Date Incorporated or Qualified
02/19/1982

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 312 Avon Estates, Blvd
Suite, Apt. #, etc.

4. FEI Number

59-2248187

Applied For

Not Applicable

22 City & State

27 City & State

23 Avon Park, fl.

28

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 33825

25 Country High LAND's

29 Zip 33825

30 Country

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

SIZEMORE, BOBBY C.
421 W BELL ST
AVON PARK FL 33825

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

Rev B.C Sizemore

Paster

1-19-97

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 DELETE
NAME ROGERS, WILLIAM H
STREET ADDRESS 413 W. WINTHROP ST.
CITY-ST-ZIP AVON PARK FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD DELETE
NAME BROCKWELL, CAROL
STREET ADDRESS 2243 W. BECKETT
CITY-ST-ZIP AVON PARK FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VTD DELETE
NAME SIZEMORE, BOBBY C.
STREET ADDRESS 421 W BELL ST
CITY-ST-ZIP AVON PARK FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME SIZEMORE, ELMER C.
STREET ADDRESS 421 W BELL ST
CITY-ST-ZIP AVON PARK FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Rev B.C Sizemore

Rev B.C Sizemore (941) 453-6335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063403

CR2E037 (9/96)