


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	3122 AVON ESTATES. BLVD AVON PARK FL 33825 US

3. Date Incorporated or Qualified
02/19/1982

4. FEI Number 59-2248187	Applied For <input type="checkbox"/> Not Applicable
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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	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Bobby Sizemore Partner **1-18-98**
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, WILLIAM H	1.2 NAME	
STREET ADDRESS	413 W. WINTHROP ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKWELL, CAROL	2.2 NAME	
STREET ADDRESS	2243 W. BECKETT	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIZEMORE, BOBBY C.	3.2 NAME	
STREET ADDRESS	421 W BELL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIZEMORE, ELMER C.	4.2 NAME	
STREET ADDRESS	421 W BELL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: Bobby Sizemore **SIGNATURE REQUIRED** **1-18-98**

CR2E037 (10/97)