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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 762033

1. Corporation Name

PENTECOSTAL HOLINESS EVANGELISTIC ASSOCIATION OF HIGHLANDS COUNTY, INC.

Principal Place of Business

321 S AVON ESTATES BLVD.  
AVON PARK FL 33825  
US

Mailing Address

3122 AVON ESTATES BLVD  
AVON PARK FL 33825  
US

312 Avon Est. Blvd.



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/19/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2248187

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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 Pastor

(NOTE: Registered Agent signature required when reinstating)

Rev. B.C. Sizemore

1-13-99

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 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: Rev. B.C. Sizemore 1-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)