FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



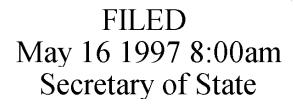
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 762476

THE WAY OF HOLINESS EVANGELIST TEMPLE, INC.



|--|

Principal Place	incipal Place of Business Mailing Address						
1311 IOWA AVE. LYNN HAVEN FL 32444 LYNN HAVEN FL 32444-2733					e e e e e e e e e e e e e e e e e e e		
					3. Date incorporated or Qualified 03/17/1982	3a. Date of Last 1 05/01/19	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State SHM			FNE	,	4. FEI Number 05-0050500		Applied For Not Applicable
					5. Certificate of Status Desired		Additional Required
			me		Election Campaign Financing Trust Fund Contribution		May Be to Fees
1 32 H	44 25 Bay	Zip SAN e	Cou	ntry Me	This corporation has liability for Florida Statutes	Yes No	s. 199.032,
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New I	registered Agent	
DE4.1110	IOP D						
DENNIS, JOE R 1311 IOWA AVE LYNN HAVEN FL 32444				82 Street Ad	ddress (P.O. Box Number is Not Accept	able)	
				63			
	V			84 City		85 Zip	Code
					:	FL 8	
12.		AND DIRECTORS DELETE	13.		quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTO Change	
TITLE NAME	PD Dennis, Joe R.	[] DELETE	1.1 T/ 1.2 N/			Change	Addition
STREET ADDRESS	1311 IOWA AVENUE			REET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL		1.4 0	TY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 Tr	LE		Change	Addition
NAME	BLACK, BONNIE C.		2.2 N				
STREET ADDRESS	1407 MERCEDES #E PANAMA CITY FL			REET ADDRESS			
CITY-ST-ZIP TITLE	VDS	DELETE	3.1 7/			Change	☐ Addition
NAME	DENNIS, DOROTHY L.		3.2 N	ME			
STREET ADORESS	1311 IOWA AVENUE		3.3 \$1	REET ADORESS			
CITY-ST-ZIP	LYNN HAVEN FL	☐ DELETE	3.4. D	TY-ST-ZIP		Change	Addition
NAME		L.J DELETE	4.2 N	- 1		change	L. Addition
STREET ADDRESS				REET ADDRESS			
CITY - ST - Z/F			4.4 CI	TY-ST-ZIP			
FITLE		☐ DELETE	5.1 Ti	1		☐ Change	Addition
NAME			5.2 N	1			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP			
			■ 3.7 U	I - OI - ZIF			
HILLE I		☐ DELETE	6.1 Tf	TLE		Change	Addition
TITLE NAME		☐ DELETE				Change	Addition
		DELETE	6.1 TE 6.2 N			Change	☐ Additio

Los indexp coming that the information supplied with this 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 REQUIRED Joe R. DeNN'S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR