

DOCUMENT # 762476

1. Entity Name
THE WAY OF HOLINESS EVANGELIST TEMPLE, INC.

Principal Place of Business Mailing Address
1311 IOWA AVE 1311 IOWA AVE.
LYNN HAVEN FL 32444 LYNN HAVEN FL 32444
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90087 029 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
05-0050500 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DENNIS, JOE R
1311 IOWA AVE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, JOE R.		NAME		
STREET ADDRESS	1311 IOWA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, BONNIE C.		NAME		
STREET ADDRESS	1407 MERCEDES #E		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		
TITLE	VDS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, DOROTHY L.		NAME		
STREET ADDRESS	1311 IOWA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. DENNIS 1/2/01 850-265-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)