

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762680 (7)

1. Corporation Name
HOLINESS HOUSE OF WORSHIP, INC.



Principal Place of Business: **740 NW 17TH CT. POMPANO BEACH FL 33060**
Mailing Address: **2330 NW 2ND ST. POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified: **03/31/1982**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21 **Holiness House of worship**
Suite, Apt. #, etc.
22 **2330 nw 2nd st**
City & State
23 **POMPANO BEACH FL**
Zip
24 **33060**
Country
25 **Broward**

2a. Mailing Address
26 **Robert Johnson**
Suite, Apt. #, etc.
27 **740 NW 17th ct**
City & State
28 **POMPANO BEACH FL**
Zip
29 **33060**
Country
30 **Broward**

4. FEI Number: **59-2206043**
Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JOHNSON, ROBERT LEE
740 N.W. 17TH COURT
POMPANO BEACH FL 33060

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
FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	JOHNSON, ROBERT LEE	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	LORDEUS, EMMA G	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/>
NAME	JOHNSON, WILLIE B	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GOODRUM, SAMMY L	
STREET ADDRESS	1911 NW 2ND TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GOODRUM, ELLEN T	
STREET ADDRESS	1911 NW 2ND TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CATHERINE COOPER		
2.3 STREET ADDRESS	3038 N.W. 4 STREET #2		
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	ASST. PASTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Elder Glover Cooper		
4.3 STREET ADDRESS	3038 N.W. 4 STREET #2		
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069		
5.1 TITLE	DEACON - DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	FRANK ROBINSON		
5.3 STREET ADDRESS	1741 N.W. 16 AVE		
5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Robert Lee Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 **305-943-7433**
Date Daytime Phone #

CR2E037 (12/95)