

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762680 (7)

1. Corporation Name
HOLINESS HOUSE OF WORSHIP, INC.



Principal Place of Business HOLINESS HOUSE OF WORSHIP 2330 NW 2ND ST POMPANO BCH FL 33060 US	Mailing Address JOHNSON, ROBERT 740 NW 17TH CT POMPANO BCH FL 33060-5148 US
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3. Date Incorporated or Qualified 03/31/1982	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21. <i>Holiness House of Worship</i> Suite, Apt. #, etc. 22. <i>2330 NW 2nd Street</i> City & State 23. <i>Pompano Beach FL</i> Zip 24. <i>33060</i> Country 25. <i>Broward</i>	2a. Mailing Address 26. <i>Robert Johnson</i> Suite, Apt. #, etc. 27. <i>740 NW 17th Court</i> City & State 28. <i>Pompano Beach FL</i> Zip 29. <i>33060</i> Country 30. <i>Broward</i>
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4. FEI Number 59-2206043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT LEE	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COOPER, CATHERINE	
STREET ADDRESS	3038 NW 4TH STREET #2	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIE B	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	AP	<input type="checkbox"/> DELETE
NAME	COOPER, ELDER GLOVER	
STREET ADDRESS	3038 NW 4TH STREET #2	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, FRANK	
STREET ADDRESS	1741 NW 16TH AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: _____ SIGNATURE REQUIRED: *Robert L Johnson* 5-7 97 943-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026194

CR2E037 (9/96)