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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

04-25-1999 90015 021 *****8.75
 04-25-1999 90015 022 *****61.25

DOCUMENT # 762680

1. Corporation Name

HOLINESS HOUSE OF WORSHIP, INC.

408850 - 90015 - 11

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
 US



2. Principal Place of Business

21 Holiness House of Worship

2a. Mailing Address

26 Robert Johnson

3. Date Incorporated or Qualified

03/31/1982

Suite, Apt. #, etc.

22 2330 NW 2nd St

Suite, Apt. #, etc.

27 740 NW 17th Ct

4. FEI Number

59-2206043

Applied For

Not Applicable

City & State

23 Pompano Beach FL

City & State

28 Pompano Beach FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 33060 25 Broward

Zip Country

29 33060 30 Broward

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

P
 NAME JOHNSON, ROBERT LEE
 STREET ADDRESS 740 NW 17TH COURT
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE DELETE

ST
 NAME COOPER, CATHERINE
 STREET ADDRESS 3038 NW 4TH STREET #2
 CITY-ST-ZIP POMPANO BCH FL

TITLE DELETE

D
 NAME JOHNSON, WILLIE B
 STREET ADDRESS 740 NW 17TH COURT
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE DELETE

AP
 NAME COOPER, ELDER GLOVER
 STREET ADDRESS 3038 NW 4TH STREET #2
 CITY-ST-ZIP POMPANO BCH FL

TITLE DELETE

D
 NAME ROBINSON, FRANK
 STREET ADDRESS 1741 NW 16TH AVE
 CITY-ST-ZIP POMPANO BCH FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: Robert Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (954) 943 7437
 Date Daytime Phone #

CR2E037 (11/98)