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CORPORATION ANNUAL REPORT

1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 764307 (5)

1. Corporation Name

HIGHWAYS AND HEDGES-GO TELL INTERDENOMINATIONAL CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
1533 S.E. 3RD AVENUE GAINESVILLE FL 32601 US	7603 S. EAST 3RD AVE. GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1982
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2225510 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 1603 S.E. 3rd Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIS, MAE O.A.
619 NORTHEAST 18TH STREET
GAINESVILLE FL 32601

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DAVIS, MAE OSTEEN(AUSTIN	1.2 NAME	Davis, Mae Osteen (Austin)
STREET ADDRESS	619 NORTHEAST 18TH ST	1.3 STREET ADDRESS	1603 Southeast 3rd Avenue
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32641
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LYNDA BROWN	2.2 NAME	
STREET ADDRESS	1439 SOUTHEAST 1ST TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	IVEY, MILDREED	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 272	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BASKIN, MARGARET B.	4.2 NAME	
STREET ADDRESS	4163 NORTHWEST 7TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DEBOSE, JERRY	5.2 NAME	
STREET ADDRESS	P. O. BOX 343 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LA CROSSE FL 32658	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GIVENS, DEWITT	6.2 NAME	
STREET ADDRESS	1025 N.W. 27TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	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)(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: Mae O.A. Davis - (Mae O. A. Davis) 03/16/95 (904)376-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00203319