

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764307 (5)

1. Corporation Name

HIGHWAYS AND HEDGES-GO TELL INTERDENOMINATIONAL
CHURCH, INCORPORATED



Principal Place of Business

1533 S.E. 3RD AVENUE
GAINESVILLE FL 32601
US

Mailing Address

1603 SE THIRD AVE
GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified
07/26/1982

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2225510

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

24

25

Country

29

Zip

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DAVIS, MAE OSTEEN (AU)
STREET ADDRESS 1603 SE 3RD AVE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME JOHNSON, LYNDA BROWN
STREET ADDRESS 1439 SOUTHEAST 1ST TERR
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME IVEY, MILDREED
STREET ADDRESS ROUTE 2, BOX 272
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME BASKIN, MARGARET B.
STREET ADDRESS 4163 NORTHWEST 7TH ST
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ID - Neva Smith
4.3 STREET ADDRESS 1534 NE 3rd Ave
4.4 CITY-ST-ZIP Gainesville, FL 32641

TITLE D
NAME DEBOSE, JERRY
STREET ADDRESS P. O. BOX 343 N/A
CITY-ST-ZIP LA CROSSE FL 32658 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GIVENS, DEWITT
STREET ADDRESS 1925 N.W. 27TH AVE
CITY-ST-ZIP Ocala FL ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D. Pat A. Wiggins
6.3 STREET ADDRESS P.O. Box 293 - 14311 SW 175 Terr.
6.4 CITY-ST-ZIP Archer, FL 32618

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:

Mae Osteen Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/96
Date

352-376-4339
Daytime Phone #

CR2E037 (12/95)