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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765231** (6)

1. Corporation Name

**THE FIRST HOLINESS CHURCH OF JESUS OF THE APOSTOLIC FAITH INC.**

Principal Place of Business

Mailing Address

23181 SE AVENUE "C"  
% ELDER JOHNNIE JENKINS  
ALVA FL 33920

23181 SE AVENUE "C"  
% ELDER JOHNNIE JENKINS  
ALVA FL 33920

3. Date Incorporated or Qualified

09/29/1982

4. FEI Number

65-0030399

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, JOHNNIE (ELDER)  
23181 SE AVENUE "C"  
ALVA FL 33920

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 EOD  
NAME JENKINS, JOHNNIE  
STREET ADDRESS 23181 SE AVENUE "C"  
CITY-ST-ZIP ALVA FL

TITLE GMD  
NAME ROUNDTREE, NETTIE P.  
STREET ADDRESS 23221 SE AVENUE C  
CITY-ST-ZIP ALVA FL

TITLE D  
NAME DAVIS, LEWIS  
STREET ADDRESS 23081 AVE D  
CITY-ST-ZIP ALVA FL

TITLE GS  
NAME BACON, ROSA THOMAS  
STREET ADDRESS 816 SHADYSIDE STREET  
CITY-ST-ZIP LEHIGH ACRES FL

TITLE DM  
NAME DAVIS, GEORGIA M.  
STREET ADDRESS 23201 SE AVENUE C  
CITY-ST-ZIP ALVA FL

TITLE YD  
NAME JENKINS, SARAH  
STREET ADDRESS 23181 SE AVENUE "C"  
CITY-ST-ZIP ALVA FL

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

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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.

SIGNATURE: **JOHNNIE JENKINS** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)