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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **768328** **(7)**

1. Corporation Name

HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.

Principal Place of Business	Mailing Address
415 N. ALCANIZ ST PENSACOLA FL 32501	415 N. ALCANIZ ST PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1588096 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21	415 N Alcaniz ST	
Suite, Apt. #, etc.	22		
City & State	23	Pensacola, FL	
Zip / Country	24 / 25	32501 / USA	
2a. Mailing Address	26	415 N Alcaniz St	
Suite, Apt. #, etc.	27		
City & State	28	Pensacola, FL	
Zip / Country	29 / 30	32501 / USA	

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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~DUETT, CONNIE E~~
~~24 B REDWOOD CIR~~
~~PENSACOLA FL 32506~~

10. Name and Address of New Registered Agent

81 Name: Zaida Rivera
82 Street Address (P.O. Box Number is Not Acceptable): 24B Redwood Circle
83
84 City: Pensacola, FL **FL** 85 Zip Code: 32506

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 _____ 30 APR 95
Signature, typed or printed name of registered agent, and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DM	11 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, WAYNE	12 NAME	
STREET ADDRESS	1101 VIA DELUNA	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	DAYTON, KENNETH	22 NAME	
STREET ADDRESS	1111 MILLS AVE	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	~~CGD~~	31 TITLE	☒ Change ☐ Addition
NAME	~~DUETT, CONNIE~~	32 NAME	S/D
STREET ADDRESS	~~248 REDWOOD COURT~~	33 STREET ADDRESS	Joanne Kerbe
CITY-ST-ZIP	~~PENSACOLA FL~~	34 CITY-ST-ZIP	6460 Memphis Ave./Pensacola,FL 32526
TITLE	~~DM~~	41 TITLE	D/Member ☒ Change ☐ Addition
NAME	~~PAINTER, CINDY~~	42 NAME	Nora Wilcox
STREET ADDRESS	~~810 MOSS DR~~	43 STREET ADDRESS	11010 Bridge Creek Dr
CITY-ST-ZIP	~~CRESTVIEW FL~~	44 CITY-ST-ZIP	Pensacola, FL 32506
TITLE		51 TITLE	C/D ☐ Change ☒ Addition
NAME		52 NAME	Zaida Rivera
STREET ADDRESS		53 STREET ADDRESS	24B Redwood Circle
CITY-ST-ZIP		54 CITY-ST-ZIP	Pensacola, FL 32506
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 30 APR 95 (904) 453-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0091234