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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 415 N ALCANIZ ST PENSACOLA FL 32501 US		Mailing Address 415 N ALCANIZ ST PENSACOLA FL 32501 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 05/09/1983	
4. FEI Number 58-1588096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LANGE, HILARY 3510 LA MANCHA WAY PENSACOLA FL 32503	
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10. Name and Address of New Registered Agent	
81 Name	JENNIFER L. PATY
82 Street Address (P.O. Box Number is Not Acceptable)	3305 W. LEE ST
83	
84 City	PENSACOLA FL
85 Zip Code	32505

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 *Jennifer L. Paty* **JENNIFER L. PATY, CLERK** **1/6/98** DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HAUFFE, LARRY
STREET ADDRESS	7822 WHITMIRE DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MARK
STREET ADDRESS	880 MAPLEWOODS GR
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LANGE, HILARY
STREET ADDRESS	3510 LA MANCHA WAY
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PATY, JENNIFER
STREET ADDRESS	3305 W LEE ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAUFFE, LARRY
1.3 STREET ADDRESS	7822 WHITMIRE DRIVE
1.4 CITY-ST-ZIP	PENSACOLA FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEE AMMONA
2.3 STREET ADDRESS	8820 Pebble Brook
2.4 CITY-ST-ZIP	PENSACOLA FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JENNIFER L. PATY
3.3 STREET ADDRESS	3305 W. LEE ST
3.4 CITY-ST-ZIP	PENSACOLA FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C/D
4.3 STREET ADDRESS	MARILYN R. MARR
4.4 CITY-ST-ZIP	4504 SOUTHPOINT
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	NORMAN RICKS
5.4 CITY-ST-ZIP	1404 E Lakeview DR.
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	JIM BROTHERS
6.4 CITY-ST-ZIP	67 ADKINSON DR.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(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: *Jennifer L. Paty* **JENNIFER L. PATY** **1/6/98** **850-433-8528**

CR2E037 (10/97)