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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768328

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		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/09/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		58-1588096	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

PATY, JENNIFER L
3305 W LEE ST
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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
Signature typed or printed name of registered agent and title if applicable.

JENNIFER L. PATY

1-12-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SD
NAME	HAUFFE, LARRY	1.2 NAME	EBURG, BOOTH
STREET ADDRESS	7822 WHITMIRE DR	1.3 STREET ADDRESS	1119 PARK LN
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	GULF BREEZE
TITLE	TD	2.1 TITLE	JACQUELYN POPE (D)
NAME	AMMONS, LEE	2.2 NAME	333 ARABIAN DR
STREET ADDRESS	8820 PEBBLE BROOK	2.3 STREET ADDRESS	PENSACOLA FL
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	32506
TITLE	SD	3.1 TITLE	TD
NAME	PATY, JENNIFER L	3.2 NAME	PATY, JENNIFER
STREET ADDRESS	3305 W LEE ST	3.3 STREET ADDRESS	3305 W LEE ST
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32505
TITLE	CD	4.1 TITLE	
NAME	MARR, MARILYN R	4.2 NAME	
STREET ADDRESS	4504 SOUTHPOINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RICKS, NORMAN	5.2 NAME	
STREET ADDRESS	1404 E LAKEVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BROTHERS, JIM	6.2 NAME	
STREET ADDRESS	67 ADKINSON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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, with all other like empowered.

SIGNATURE:

JENNIFER L. PATY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 (854) 433-8528
Date Daytime Phone #

0077507

CR2E037 (11/98)