


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90042 041 ****61.25

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|---|------------------------|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N02151 | | | | | |
| 1. Corporation Name JERICO HOLINESS CHURCH, INC. | | | | | |
| Principal Place of Business 355 BARKER STREET PENSACOLA FL 32514 US | | | Mailing Address 8660 SONNY BOY LN PENSACOLA FL 32514 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 03/22/1984 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-2395780 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| OWENS, RUBY L. 8660 HINSON STREET PENSACOLA FL 32504 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | OWENS, SAM, JR. | | | | |
| STREET ADDRESS | 8660 SONNY BOY LN | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | | |
| NAME | WILSON, MARY CHRISTINE | | | | |
| STREET ADDRESS | 700 BARCIA DR | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | | |
| NAME | GADSON, WILLIE LEE | | | | |
| STREET ADDRESS | 2308 W. JORDAN STREET | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | | |
| NAME | OWENS, RUBY L. | | | | |
| STREET ADDRESS | 8660 SONNY BOY LN | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | WILSON, J. D. | | | | |
| STREET ADDRESS | 700 BARCIA DR | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | GODSON, JAMES | | | | |
| STREET ADDRESS | 2308 W. JORDAN STREET | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary C Wilson
Date: 2-19-99
Daytime Phone #: 850-476-8711

CR2E037 (11/98)