

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06091 (5)

1. Corporation Name

HIGHWAY EVANGELISTIC MINISTRIES OF THE BIBLE BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

199 DAMASCUS ROAD
DELAND FL 32724

199 DAMASCUS ROAD
DELAND FL 32724

3. Date Incorporated or Qualified

11/09/1984

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 872 Glenwood Road

26 872 Glenwood Road

4. FEI Number

59-2478906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Deland FL

28 Deland FL

24 Zip

Country

29 Zip

Country

32720

USA

32720

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOX, JAMES W.
199 DAMASCUS ROAD
DELAND FL 32724

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)

(JAMES W. KNOX)

(NOTE: Registered Agent signature required when reinstating)

1/30/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KNOX, JAMES W.
STREET ADDRESS 199 DAMASCUS ROAD
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE VD
NAME SPADE, JOHN
STREET ADDRESS 220 COLUMBUS CIRCLE
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

TITLE SD
NAME ROWDON, WADE L.
STREET ADDRESS 230 CROOKED TREE TRAIL
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32724

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32750

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32724

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME TD
4.3 STREET ADDRESS MCAULIFFE, RAYMOND J
4.4 CITY-ST-ZIP 610 N. GARFIELD AVE
DELAND, FL 32724

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS MULLINS, TERRY
5.4 CITY-ST-ZIP 1323 JACKSON WOODS RD
DELAND, FL 32724

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

(Signature) (JAMES W. KNOX)

1/30/96
Date

904 736 9274
Daytime Phone #

CR2E037 (12/95)