

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 # N08591 (2)

1. Corporation Name
FELLOWSHIP HOLINESS CHURCH, INC.



Principal Place of Business: 1800 GARY STREET LAKE WALES FL 33853
Mailing Address: 1800 GARY STREET LAKE WALES FL 33853

3. Date Incorporated or Qualified: 04/08/1985
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2615002
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: HAMMOND, CHARLES, GARY STREET, WEST SCENIC PARK, LAKE WALES FL 33853
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, State (FL), and 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] (NOTE: Registered Agent signature required when re-stating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	HAMMOND, CHARLES	1.1 TITLE	
NAME: GARY ST., W. SCENIC PARK	LAKE WALES FL	1.2 NAME	
STREET ADDRESS: LAKE WALES FL		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE: D	GILLIS, GENE	2.1 TITLE	
NAME: GARY ST., W. SCENIC PARK	LAKE WALES FL	2.2 NAME	
STREET ADDRESS: LAKE WALES FL		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE: D	SHARPE, JAMES	3.1 TITLE	
NAME: MT. LK CUT OFF RD.	LAKE WALES FL	3.2 NAME	
STREET ADDRESS: LAKE WALES FL		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE: S	SHARPE, VICKIE	4.1 TITLE	
NAME: MT. LAKE CUT OFF RD.	LAKE WALES FL	4.2 NAME	
STREET ADDRESS: LAKE WALES FL		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE: T	GILLIS, SHARRON	5.1 TITLE	
NAME: GARY ST. W. SCENIC PARK	LAKE WALES FL	5.2 NAME	
STREET ADDRESS: LAKE WALES FL		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE: []		6.1 TITLE	
NAME: []		6.2 NAME	
STREET ADDRESS: []		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Vickie Sharpe Vickie Sharpe 1-22-96 676-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)