

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:24

DOCUMENT # **N09519** (2)
1. Corporation Name
ST. PAUL'S HOLINESS CHURCH OF WINTER HAVEN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 3340 FVS WINTER HAVEN FL 33881
P.O. BOX 3340 FVS WINTER HAVEN FL 33881

3. Date Incorporated or Qualified **05/30/1985** 3a. Date of Last Report **04/08/1994**
4. FEI Number **05-5060063** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent
HALMAN, JOE
2160 HIGHLAND BLVD.
BARTOW FL 33830

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Joe Halman Jr. JOE HALMAN JR. 22 JAN 95
Signature (Typed or printed name of registered agent if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HENRY, GAY
STREET ADDRESS	1503 6TH COURT, NE
CITY-ST-ZIP	WINTER HAVEN FL.
TITLE	S
NAME	MCANIR JOHNNIE MAE
STREET ADDRESS	2872 BARTOW PL
CITY-ST-ZIP	BARTOW FL 33830
TITLE	V
NAME	HALMAN, JOE
STREET ADDRESS	1928 4TH ST. N.E.
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	T
NAME	SMART, JACK
STREET ADDRESS	OLD DIXIE HIGHWAY
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	D
NAME	GODWIN, PRETIS
STREET ADDRESS	FRAZIER STREET
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	WASHINGTON JOE L.
STREET ADDRESS	2302 SWAN CT. S.
CITY-ST-ZIP	WINTER HAVEN FL 33881

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S MONAIR JOHNNIE MAE
2.3 STREET ADDRESS	2872 BARTON PL
2.4 CITY-ST-ZIP	BARTOW, FL 33830
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOE HALMAN JR.
3.3 STREET ADDRESS	2160 HIGHLAND BLVD
3.4 CITY-ST-ZIP	BARTOW, FL 33830
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SMART, JACK
4.3 STREET ADDRESS	2304 OLD DIXIE HWY
4.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Halman Jr. JOE HALMAN, JR. 22 JAN 95 (818) 533-0344
Signature and Typed or Printed Name of Signing Officer or Director Date (Typed Name)