

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



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

3. Date Incorporated or Qualified: **05/30/1985**
3a. Date of Last Report: **01/31/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
City & State: 27 []
Zip: 28 [] Country: 29 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALMAN, JOE
2160 HIGHLAND BLVD.
BARTOW FL 33830**

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 of typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required for this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENRY, GAY	
STREET ADDRESS	1503 6TH COURT, NE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCANIR JOHNNIE MAE	
STREET ADDRESS	2872 BARTOW PL	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALMAN, JOE JR.	
STREET ADDRESS	2160 HIGHLAND BOULEVARD	
CITY - ST - ZIP	BARTOW FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMART, JACK	
STREET ADDRESS	2304 OLD DIXIE HIGHWAY	
CITY - ST - ZIP	AUBURDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODWIN, PRETIS	
STREET ADDRESS	FRAZIER STREET	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TREASURER
43 STREET ADDRESS	HILL, CLIFFORD LEE
44 CITY - ST - ZIP	116 BEACH DRIVE WINTER HAVEN, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Halman, Jr.
JOE HALMAN, JR.

01/28/96

(941) 499-2400

CR2E037 (12/95)