

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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|---|--|
| Principal Place of Business P.O. BOX 3340 FVS WINTER HAVEN FL 33881 | Mailing Address P.O. BOX 3340 FVS WINTER HAVEN FL 33885-3340 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 05/30/1985 | 3a. Date of Last Report 02/07/1996 |
|--|--|

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

| | |
|--|--|
| 4. FEI Number 05-5060063 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 type="checkbox"/> DELETE |
| NAME | HILL, CLIFFORD LEE | |
| STREET ADDRESS | 116 BEACH DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN 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

| | |
|--------------------|--|
| 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 | SECRETARY |
| 2.3 STREET ADDRESS | WILLIE RUBY |
| 2.4 CITY-ST-ZIP | 8520 4TH ST NE WINTER HAVEN FL 33881 |
| 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 do 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, changed, or on an attachment with an address.

SIGNATURE: *Joe Halman, Jr.* **01/12/97** (941) 499-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054812

CR2E037 (9/96)