

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/30/1985

4. FEI Number
05-5060063

Applied For	Not Applicable
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2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27

City & State
23 City & State
28

Zip
24 Country
25 Zip
29 Country
30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 *Joe Halman Jr.* **JOE HALMAN JR. VICE PRESIDENT** **1/4/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	WILLIX RUBY
STREET ADDRESS	2520 4TH ST. N.E.
CITY-ST-ZIP	WINTER HAVEN FL
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

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Joe Halman Jr.* **JOE HALMAN JR.** **1/4/98 (94) 499-2400**

CR2E037 (10/97)