

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Office of State Records
Tallahassee, Florida 32399-0001
Phone: (904) 493-0001

**APPROVED
AND
FILED**

95 JUL - 1 PM 4:11

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # **N15367** (8)

HIGHWAY CHRISTIAN CHURCH OF FAITH, INC.

1. Name of Corporation 2800 NW 9TH STREET POMPANO BEACH FL 33069		2a. Mailed Address 2800 NW 9TH STREET POMPANO BEACH FL 33069		3. Date incorporated in 2nd year 06/12/1986		3a. Date of last report 04/29/1994	
2. Principal Office Location 21		2a. Mailed Address 25		4. Filing Number NOT APPLICABLE		☒ Required Fee ☐ Not Applicable	
2b. Certificate of Status Desired 22		2c. Certificate of Status Desired 26		5. Certificate of Status Desired 23		\$8.75 Additional Fee Required	
2d. Certificate of Status Desired 24		2e. Certificate of Status Desired 27		6. Fee for Corporate Report 28		\$5.00 May Be Added to Fees	
2f. Certificate of Status Desired 29		2g. Certificate of Status Desired 30		7. Nonprofit with (R) or (S) or (C) Tax Exempt Status 31		\$68.75 Supplemental Fee Not Required	
2h. Certificate of Status Desired 32		2i. Certificate of Status Desired 33		8. This corporation is a member of the Florida Association of Nonprofit Corporations 34		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent MARK, FREEMON A. 1577 N. DIXIE HWY POMPANO BEACH FL 33060		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number or Not Applicable) 83 84 City, State, Zip FL 85 Zip Code	
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11. Change of Name: This corporation has been changed from **WALKER, T.R.** to **WALKER, GLADYS**. The change is being reported for the purpose of changing the registered office and changing the principal office of the corporation. The change is being reported for the purpose of changing the registered office and changing the principal office of the corporation. The change is being reported for the purpose of changing the registered office and changing the principal office of the corporation.

12. Name and Address of Agent for Service of Process PCD WALKER, T.R. 2800 N.W. 9TH STREET POMPANO BEACH FL VD WALKER, GLADYS 2800 N.W. 9TH STREET POMPANO BCH FL SD GRIN, BARBARA JEAN 550 NE 41 ST POMPANO BCH FL TD HALL, THELMA 1501 N.W. 14TH STREET POMPANO BCH FL		13. Name and Address of Agent for Service of Process 300001505673 -06/06/95--01004--011 ****155.00 ****155.00	
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14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation as required by law. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *[Signature]*
MICHAEL AND LYNN (OR PRINTED NAME) OF RECORD OFFICE OR DIVISION
5 10 75 9 11 845