


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17148**  
1. Entity Name  
"HIGHWAY OF HOLINESS", INC.



Principal Place of Business: C/O MAE F. MACK, 16912 N.W. 17 AVE., MIAMI FL 33169  
Mailing Address: C/O MAE F. MACK, 16912 N.W. 17 AVE., MIAMI FL 33169



2. Principal Place of Business: Suite, Apt #, etc. *the same*  
3. Mailing Address: Suite, Apt #, etc. *same*

City & State: *the same*  
City & State: *the same*  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

2nd MOORE CR2E037 (5/05)  
4. FEI Number: 59-2728481  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MACK, MAE F  
1650 N.W. 195TH ST.  
16912 N.W. 17TH AVE.  
MIAMI FL 33169

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. DOS OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MACK, CARY 16912 NW 17 AVENUE MIAMI FL PD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MACK, MAE FRANCES 16912 NW 17 AVENUE MIAMI FL STD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	RANDOLPH, GUITANNIE 16912 NW 17 AVENUE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  1100000372077 08/25/05-80004-013 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maie Frances Mack* 8-18-05