

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 # **N30371** (1)
1. Corporation Name
SALVATION HOLINESS CHURCH INC.



Principal Place of Business Mailing Address
C/O CLARENCE KENNETH TROUPE. SR.
1390 DIXIE STREET
LAKE CITY FL 32055

3. Date Incorporated or Qualified **01/26/1989**
3a. Date of Last Report **05/18/1995**
4. FEI Number **36-3615331**
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
TROUPE, CLARENCE KENNETH SR.
1390 DIXIE STREET
LAKE CITY FL 32055

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of appointment Typed or printed name of registered agent and date of appointment

12. OFFICERS AND DIRECTORS		13.
TITLE	PD TROUPE, CLARENCE K., SR.	11 TITLE
NAME	1390 DIXIE STREET	12 NAME
STREET ADDRESS	LAKE CITY FL	13 STREET ADDRESS
CITY - ST - ZIP		14 CITY - ST - ZIP
TITLE	VD SCIPPIO, KATHALEEN CELIA	21 TITLE
NAME	3217 GREG STREET	22 NAME
STREET ADDRESS	LAKE CITY FL	23 STREET ADDRESS
CITY - ST - ZIP		24 CITY - ST - ZIP
TITLE	STD TROUPE, LEATHA	31 TITLE
NAME	RT. 7 BOX 675	32 NAME
STREET ADDRESS	LAKE CITY FL	33 STREET ADDRESS
CITY - ST - ZIP		34 CITY - ST - ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY - ST - ZIP		44 CITY - ST - ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		64 CITY - ST - ZIP

13. ACQUISITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **Clarence K. Troupe, Sr.** *Clarence K. Troupe Sr.* 4/16/96 ((904)755-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)