FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41201

(7)

1. Corporation Name							
YALAHA HOLY COMMUNITY TEMPLE, INC.							
]						A TORNICON DEFENDOS PRAID AND A DOUBLESON DES	JA STORY ČIČKI DISKA DIDIK SIDNI IČCI
Principal Place of Business Mailing Address						, (00)(18) 611 01001 110(0 110(1 88)01 1101 8101	ii mimit mimit Bidit Abbit thât
C/O CLEVELAND JONES C/O CLEVELAND JONES					h	3. Date Incorporated or Qualified	
3287 HARRY ST. 3287 HARRY ST APOPKA FL 32712 APOPKA FL 32712						12/05/1990	
US US					Γ.	4. FEI Number	Applied For
			-			59-3048625	Not Applicable
2. Principal Place of Business 21 2653-A Yalaha Rad 28						5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing	\$5.00 May Be
27						Trust Fund Contribution	Added to Fees
City & State City & State City & State City & State						7. Is this nonprofit corporation a homeowners association? Yes 🛣 No	
Zip	Country	Zip	Country	y	- 1.	8. This corporation owes or has paid the	current year Intangible
24 34797 25 Lake 29			30			Personal Property Tax due June 30.	Yes XNo
9. Name and Address of Current Registered Agent						Name and Address of New Register	ed Agent
10.150			81	Name	,		
JONES, ELDER C J				82 Street Addre		(P.O. Box Number is Not Acceptable)	
3287 HARRY ST. APOPKA FL 32703				 			
AFORM	A FL 32103			<u> </u>			
							Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	e-named	corporat	tion submits this statement for the purpos s board of directors. I hereby accept the	e of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Fk	orida Statute	s.	poration	s board of directors. Thereby accept the	appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and this if applicable (NOT	E: Registered Ag			hen reinsteting) DAT	
12.			13.	era signature	e raquired wi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D			1.1 TITLE			☐ Change ☐ Addition
NAME JONES, CLEVELAND J			1.2 NAME				
STREET ADDRESS	3287 HARRY ST.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	APOPKA FL		1.4 CITY - ST - ZIP				
TITLE	S	DELETE	2.1 TITLE				☐ Change ☐ Addition
NAME JONES, MARJORIE J			2.2 NAME				
STREET ADDRESS 3287 HARRY ST			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE	D DELE		3.1 TITLE				Change Addition
NAME WILLIS, JANIE			3.2 NAME				
STREET ADDRESS	ADODY/A FI			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	APOPKA FL	DELETE	3.4. CITY-	ST-ZIP	 		X Change Addition
NAME	PERRY, DOROTHY	רון מננכונ	4.1 TITLE 4.2 NAME				71
			4. ¢ NAME		1	ina Civilerlane Park	Luxur Apt 210
STREET ADDRESS 2095 ASHLAND BLVD CITY-ST-ZIP ORLANDO FL			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		2/16	eg Cinterlane Park ando, F1 32808	7
TITLE			5.1 TITLE	31- LIF	12711	will, 1-1 3200	Change Addition
NAME			5.2 NAME				
STREET ADDRESS				I ADDRESS			
			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	- KII			Change Addition
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			

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

Marsareo

J. Omnes

4-9-98

407-245-0420 (w)

FILED

Apr 17 1998 8:00am

Secretary of State

3R2E037 (10/97)