

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

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.**

Principal Place of Business

Mailing Address

**C/O CLEVELAND JONES  
3287 HARRY ST.  
APOPKA FL 32712  
US**

**C/O CLEVELAND JONES  
3287 HARRY ST  
APOPKA FL 32712  
US**

3. Date Incorporated or Qualified

**12/05/1990**

4. FEI Number

**59-3048625**

Applied For

Not Applicable

2. Principal Place of Business

**21 2653-A Yalaha Road**

Suite, Apt. #, etc.

**22**

City & State

**23 Yalaha, Florida**

Zip

**24 34797**

Country

**25 Lake**

**26**

City & State

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Zip

**28**

Country

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2a. Mailing Address

Suite, Apt. #, etc.

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City & State

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Zip

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Country

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5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$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

**JONES, ELDER C J  
3287 HARRY ST.  
APOPKA FL 32703**

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

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 ☐ DELETE

**D  
JONES, CLEVELAND J  
3287 HARRY ST.  
APOPKA FL**

TITLE ☐ DELETE

**S  
JONES, MARJORIE J  
3287 HARRY ST  
APOPKA FL**

TITLE ☐ DELETE

**D  
WILLIS, JAMIE  
50 E 13TH ST.  
APOPKA FL**

TITLE ☐ DELETE

**T  
PERRY, DOROTHY  
2095 ASHLAND BLVD  
ORLANDO FL**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: *Marjorie J. Jones*

*4-9-98*

*407-246-0420 (w)*

CR2E037 (1097)