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FILED

Jan 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45101 (5)

1. Corporation Name

GREATER APOSTOLIC ORIGINAL HOLY CHURCH OF GOD, I  
NCORPORATION

Principal Place of Business

807 SW 3RD ST.  
OCALA FL 34474

Mailing Address

P.O. BOX 743  
OCALA FL 34478-0743



3. Date Incorporated or Qualified  
09/12/1991

3a. Date of Last Report  
11/20/1996

4. FEI Number

59-3076084

Applied For

Not Applicable

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHINGTON, DEBORAH  
3 PINE TRACE  
OCALA FL 34472

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

Deborah Washington

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WASHINGTON, JAMES  
STREET ADDRESS 109 S.W. 11TH AVE.  
CITY - ST - ZIP Ocala FL 34474

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME DEMPSEY, DOROTHY  
STREET ADDRESS 2215 NW 1ST STREET  
CITY - ST - ZIP Ocala FL 34475

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME RUTLEDGE, ROBIN  
STREET ADDRESS 6881 NW 14TH AVENUE  
CITY - ST - ZIP Ocala FL 34475

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D ☒ DELETE  
NAME MCCRAY, JOE  
STREET ADDRESS 1633 NW 14TH ST.  
CITY - ST - ZIP Ocala FL 34475

4.1 TITLE ☒ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME COLYER, DORIS  
STREET ADDRESS 4309 SW 148TH ST.  
CITY - ST - ZIP Ocala FL 34473

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE P ☐ DELETE  
NAME WASHINGTON, DEBORAH  
STREET ADDRESS 3 PINE TRACE LANE  
CITY - ST - ZIP Ocala FL 34472

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

Deborah Washington

1-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065915

CR2E037 (9/96)