

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 # N93000000672 (6)

1. Corporation Name

HOLINESS WAY ASSEMBLY OF GOD, INC.



Principal Place of Business

Mailing Address

~~PO BOX 1218~~ **6231 NE 108 CT.**
BRONSON FL 32621

~~PO BOX 1218~~ **252**
BRONSON FL 32621

2. Principal Place of Business

2a. Mailing Address

21 6231 NE 108 CT
Suite, Apt. #, etc.

26 P.O. Box 252
Suite, Apt. #, etc.

City & State

City & State

23 Bronson FL

28 Bronson FL

24 32621

25 LEVY

29 32621

30 LEVY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSARIO, ANGEL
OAK & BAY STS, OAK RIDGE ESTATES, US 27 ALT
BRONSON FL 32621

81 Name Jorge Cruz
82 Street Address (P.O. Box Number is Not Acceptable) 5 Cedar Trace Pass
83
84 City Ocala FL 85 Zip Code 34472

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 *x Jorge Cruz*

Pastor / President 2-26-96

Signature, typed or printed name of registered agent (delete if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ROSARIO, ANGEL
STREET ADDRESS OAK & BAY STS, OAK RIDGE ESTATES US 27 ALT
CITY - ST - ZIP BRONSON FL 32621

TITLE SD ☐ DELETE
NAME RODRIGUEZ, AIDA
STREET ADDRESS PO BOX 1174 N/A
CITY - ST - ZIP BRONSON FL

TITLE TD ☒ DELETE
NAME RUIZ, RAUL
STREET ADDRESS PO BOX 976 N/A
CITY - ST - ZIP BRONSON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME JORGE CRUZ
1.3 STREET ADDRESS 5 Cedar Trace Pass
1.4 CITY - ST - ZIP Ocala FL 34472

2.1 TITLE VCD ☐ Change ☒ Addition
2.2 NAME JANET CRUZ
2.3 STREET ADDRESS 5 Cedar Trace Pass
2.4 CITY - ST - ZIP Ocala FL 34472

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME ISABEL ROSARIO
3.3 STREET ADDRESS P.O. BOX 1174
3.4 CITY - ST - ZIP BRONSON FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME LUIS AIFONSO
4.3 STREET ADDRESS P.O. Box 725
4.4 CITY - ST - ZIP Bronson 32621

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

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 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: *x Jorge Cruz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 904-687-2684

Date Daytime Phone #

CR2E037 (12/95)