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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001451 (4)**

1. Corporation Name

**OKEECHOBEE FIRST PENTECOSTAL HOLINESS CHURCH, IN
C.**

Principal Place of Business

Mailing Address

**912 N.W. 2ND ST.
P.O. BOX 1123
OKEECHOBEE FL 34973**

**912 N.W. 2ND ST.
P.O. BOX 1123
OKEECHOBEE FL 34973**

3. Date Incorporated or Qualified

03/31/1993

4. FEI Number

65-0377283

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

**DOWLER, JOHN E.
7180 NE 12 LN
OKEECHOBEE FL 33474**

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 John E. Dowler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HUTTO, MELVIN**
STREET ADDRESS **1793 SW 22ND TERR**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **T** ☐ DELETE
NAME **HAY, MARY**
STREET ADDRESS **9205 SW 60TH DR**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **ST** ☐ DELETE
NAME **HEATER, LINDA D.**
STREET ADDRESS **3803 S.E. 26TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ DELETE
NAME **DOWLER, JOHN E**
STREET ADDRESS **7180 N.E. 12TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ DELETE
NAME **HEATER, DONALD**
STREET ADDRESS **3803 S.E. 26 STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ DELETE
NAME **HUTCHINSON, CARSON**
STREET ADDRESS **8842 S.E. 57TH DR.**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

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:

Donald Heater 12/21/98 (941) 3571028

CR2E037 (10/97)