

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 # N93000004475 (0)

1. Corporation Name

IT'S HIS WILL CHURCH, INC.



Principal Place of Business

**174 FREEDOM DR.
FROSTPROFF FL 33843**

Mailing Address

**174 FREEDOM DR.
FROSTPROFF FL 33843**

3. Date Incorporated or Qualified
10/04/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 224 E. Bullard Ave.

26 174 Freedom Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake Wales, FL.

28 Frostproof, FL.

Zip

Country

Zip

Country

24 33853

25 Polk

29 33843

30 Polk

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, RAYMOND
900 DELANEY AVE.
AVON PARK FL**

81 Name

Raymond Shaw Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

174 Freedom Drive

83

84 City

Frostproof

FL

85 Zip Code

33843

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

Raymond Shaw

Raymond Shaw

11-22-96

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 **D** ☐ DELETE
NAME **SHAW, RAYMOND**
STREET ADDRESS **174 FREEDOM DR.**
CITY-ST-ZIP **FROSTPROOF FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **600001797486**
14 CITY-ST-ZIP **-04/29/96--01021--004**

TITLE **D** ☐ DELETE
NAME **SHAW, LOIS**
STREET ADDRESS **174 FREEDOM DR.**
CITY-ST-ZIP **FROSTPROOF FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP *****70.00**

TITLE **D** ☒ DELETE
NAME **SHAW, JIMMIE**
STREET ADDRESS **45 DEER RUN RD.**
CITY-ST-ZIP **LAKE WALES FL**

31 TITLE ☒ Change ☐ Addition
32 NAME **D. Joseph Shaw**
33 STREET ADDRESS **220 Houser Rd.**
34 CITY-ST-ZIP **LAKE WALES, FL. 33853**

TITLE **D** ☒ DELETE
NAME **COURTNEY, ALBERT**
STREET ADDRESS **855 GRAPEFRUIT AVE.**
CITY-ST-ZIP **LAKE ALFRED FL**

41 TITLE ☒ Change ☐ Addition
42 NAME **Betty Ruth Shaw**
43 STREET ADDRESS **220 Houser Rd.**
44 CITY-ST-ZIP **LAKE WALES, FL. 33853**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME **D. Jimmie Shaw**
53 STREET ADDRESS **P.O. BOX 3455 NA**
54 CITY-ST-ZIP **LAKE WALES, FL 33859-3455**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond Shaw

1-231-26

941-638-3661

CR2E037 (12/95)