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FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000004475 (0)  
1. Corporation Name

IT'S HIS WILL CHURCH, INC.

Principal Place of Business

Mailing Address

224 E. BULLARD AVE.  
LAKE WALES FL 33853

174 FREEDOM DR  
FROSTPROOF FL 33843-9615



3. Date Incorporated or Qualified  
10/04/1993

3a. Date of Last Report  
04/26/1996

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

4. FEI Number

59-3227220

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, RAYMOND  
174 FREEDOM DR  
FROSTPROOF FL 33843

81 Name

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

83

84 City

L

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

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ DELETE

2. TITLE  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SHAW, JOSEPH  
STREET ADDRESS 220 HOUSER RD  
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

3. TITLE  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SHAW, BETTY R  
STREET ADDRESS 220 HOUSER RD  
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

4. TITLE  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SHAW, JIMMIE  
STREET ADDRESS P.O. BOX 3455 N/A  
CITY-ST-ZIP LAKE WALES FL 33859-3455

☐ DELETE

5. TITLE  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6. TITLE  
6. NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Raymond Shaw

5-27-97

941-138-3661

CR2E037 (9/96)