

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000002111 (2)**

1. Corporation Name  
**GOD WAY HOLINESS CHURCH, INC.**

Principal Place of Business Mailing Address  
**28520 SOUTHWEST 147 AVENUE  
LEISURE CITY FL 33093**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1994** 3a. Date of Last Report

4. FEI Number **05-0485447** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **10701 S.W. 216 St #9** 26

22 **APT #9** 27 Suite, Apt. #, etc.

23 **Gaids Florida** 28 City & State

24 **33176** 25 **DANE** 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Pastor &amp; Founder (D)</b>
NAME	<b>John H. Mitchell</b>
STREET ADDRESS	<b>28520 SW 147 Ave</b>
CITY-ST-ZIP	<b>Leisure City FL 33093</b>
TITLE	<b>Co-Pastor (D)</b>
NAME	<b>Annie D. Mitchell</b>
STREET ADDRESS	<b>28520 S.W. 147 Ave Leisure City,</b>
CITY-ST-ZIP	<b>Leisure City FL 33093</b>
TITLE	<b>Chairman Deacon (D)</b>
NAME	<b>Jack Burgess</b>
STREET ADDRESS	<b>28520 SW 147 Ave</b>
CITY-ST-ZIP	<b>Leisure City FL 33093</b>
TITLE	<b>Secretary</b>
NAME	<b>Margaret A. Mitchell</b>
STREET ADDRESS	<b>28520 SW 147 Ave</b>
CITY-ST-ZIP	<b>Leisure City FL 33093</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
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: *John H. Mitchell* DIRECTOR

41-01-95 (305) 245-2755