

**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 # N94000002111 (2)

1. Corporation Name

GOD WAY HOLINESS CHURCH, INC.



Principal Place of Business

Mailing Address

10701 S W 216TH ST  
APT. #9  
GOULDS FL 33176  
US

28520 SOUTHWEST 147 AVENUE  
LEISURE CITY FL 33033

3. Date Incorporated or Qualified  
04/28/1994

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

2. Principal Place of Business

2a. Mailing Address

21 10701 S.W. 216 ST #9

26 28520 S.W. 147

4. FEI Number

65-0485447

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

22 Suite, Apt. #, etc.

Goulds FL.

27 Suite, Apt. #, etc.

Ave.

23 City & State

28 City & State

Leisure City FL.

24 Zip

33176

25 Country

DAVE

29 Zip

33033

30 Country

DAVE

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

NONE

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

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PFD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JOHN H	
STREET ADDRESS	28520 S 147TH AVE	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	CPT	<input type="checkbox"/> DELETE
NAME	MITCHELL, ANNIE D	
STREET ADDRESS	28520 S W 147TH AVE	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	CDT	<input type="checkbox"/> DELETE
NAME	BURGES, JACK	
STREET ADDRESS	28520 S W 147TH AVE	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MITCHELL, MARGARET A	
STREET ADDRESS	28520 S W 147TH AVE	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John H Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-1996

Date

245-2755  
De/Time Phone #

CR2E037 (12/95)