


FILE NOW: FILING FEE IS \$61.25

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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 10701 S W 216TH ST APT. #9 GOULDS FL 33176 US
Mailing Address: 28520 SOUTHWEST 147 AVENUE LEISURE CITY FL 33033-1504

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 04/18/1996
4. FEI Number: 65-0485447
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

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PFD MITCHELL, JOHN H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28520 S 147TH AVE	1.2 NAME	
STREET ADDRESS	LEISURE CITY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CPT MITCHELL, ANNIE D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28520 S W 147TH AVE	2.2 NAME	
STREET ADDRESS	LEISURE CITY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CDT BURGES, JACK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28520 S W 147TH AVE	3.2 NAME	
STREET ADDRESS	LEISURE CITY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST MITCHELL, MARGARET A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28520 S W 147TH AVE	4.2 NAME	
STREET ADDRESS	LEISURE CITY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 address.

SIGNATURE: *[Handwritten Signature]* 2097 (205) 245-8755

CR2E037 (9/96)