

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 # N95000002660 (7)

1. Corporation Name

THE UNITY PENTECOSTAL HOLINESS CHURCH, INC.



Principal Place of Business

Mailing Address

**U S HIGHWAY 85 NORTH
LAUREL HILL FL**

**POST OFFICE BOX 532
CRESTVIEW FL 32536**

3. Date Incorporated or Qualified
05/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKS, CATHERINE
202 OGLESBY STREET
CRESTVIEW FL 32536**

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 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

Pastor Catherine Parks

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

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

4-11-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MIDDLETON, KATHERINE	
STREET ADDRESS	408 EIGHTH AVENUE	
CITY - ST - ZIP	ANDALUSIA AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILEY, MILDRED	
STREET ADDRESS	407 W. EDNEY AVENUE	
CITY - ST - ZIP	CRESTVIEW FL 32536	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKS, ARCHIE	
STREET ADDRESS	202 OGLESBY AVENUE	
CITY - ST - ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, SHIRLEY	
STREET ADDRESS	407 W. EDNEY AVENUE	
CITY - ST - ZIP	CRESTVIEW FL 32536	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DAVIDA	
STREET ADDRESS	450 SO. SAVAGE STREET	
CITY - ST - ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	000001808540
2.3 STREET ADDRESS	-05/06/96--01024--021
2.4 CITY - ST - ZIP	***61.25
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 checked="" type="checkbox"/> Addition
4.2 NAME	D. Willie Gr. Thomas
4.3 STREET ADDRESS	478 S. Savage St
4.4 CITY - ST - ZIP	Crestview FL 32536
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. Parks George
5.3 STREET ADDRESS	202 Oglesby Crestview FL 32536
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. James English
6.3 STREET ADDRESS	450 S. Savage St.
6.4 CITY - ST - ZIP	Crestview FL 32536

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:

Pastor Catherine Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

904-680-4618

Daytime Phone #

CR2E037 (12/95)