

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jul 23 1996 8:00 am

Secretary of State

DOCUMENT # **N95000003591**

1. Corporation Name

Sacred Heart Assembly of Saints, Inc.

Principal Place of Business

Mailing Address

**2308 South Meridian Street
Tallahassee, FL 32301**

3. Date Incorporated or Qualified

3a. Date of Last Report

July 28, 1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3331303

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Elect on Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

**Hazel Lee Jenkins, Pastor - Director
2308 South Meridian Street
Tallahassee, FL 32301**

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

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

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

DATE:

12. OFFICERS AND DIRECTORS

TITLE **Overseer** ☒ DELETE
NAME **Arnold Renwick Jones**
STREET ADDRESS **614 Broadtree Court**
CITY - ST - ZIP **Tallahassee, FL 32311**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Co-Pastor** ☐ Change ☒ Addition
12 NAME **Philip LaVaern Jenkins (D)**
13 STREET ADDRESS **2308 South Meridian Street**
14 CITY - ST - ZIP **Tallahassee, FL 32301**

21 TITLE **Sec/Treas** ☐ Change ☒ Addition
22 NAME **Carla Bonita Bennett (D)**
23 STREET ADDRESS **P.O. Box 1248**
24 CITY - ST - ZIP **Quincy, FL 32358-1248** **N/A**

31 TITLE **Pastor - Director** ☐ Change ☒ Addition
32 NAME **Hazel Lee Jenkins (D) married**
33 STREET ADDRESS **2308 South Meridian Street**
34 CITY - ST - ZIP **Tallahassee, FL 32301** **N/A**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
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: **Hazel Jenkins Hazel Jenkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96 (904) 656-9011

Date

Daytime Phone #

CR2E037 (12/95)