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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003591

1. Corporation Name

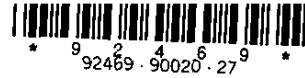
SACRED HEART ASSEMBLY OF SAINTS, INC.

Principal Place of Business

309-A MABRY STREET
TALLAHASSEE FL 32304

Mailing Address

309-A MABRY STREET
TALLAHASSEE FL 32304



2. Principal Place of Business

21 305-F Mabry St.
Suite, Apt. #, etc.

22 Tallahassee, Fla.
City & State

23 32304 Leon
Zip Country

24
25

2a. Mailing Address

26 305-F Mabry St.
Suite, Apt. #, etc.

27 Tallahassee, Fla.
City & State

28 32304 Leon
Zip Country

29 30
30

3. Date Incorporated or Qualified

07/28/1995

4. FEI Number

59-3331303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

9. Name and Address of Current Registered Agent

JENKINS, HAZEL L PASTOR
309-A MABRY STREET
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name Hazel L. Jenkins, Pastor

82 Street Address (P.O. Box Number is Not Acceptable)

305-F Mabry St

83 Tallahassee, Fla.

84 City

FL

85 Zip Code

32304

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BUTLER, HAZEL LEE
STREET ADDRESS 309-A MABRY STREET
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE CPD ☒ DELETE
NAME JENKINS, PHILLIP L
STREET ADDRESS 2308 SOUTH MERIDIAN ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE STD ☒ DELETE
NAME BENNETT, CARLA B
STREET ADDRESS PO BOX 1248 N/A
CITY-ST-ZIP QUINCY FL 32353-1248

TITLE COPD ☐ DELETE
NAME WILLIAMS, BERTHA
STREET ADDRESS 2756 S. SANDALWOOD DRIVE S.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE STD ☐ DELETE
NAME ROBERTS, DOROTHY
STREET ADDRESS 2223 HILLSIDE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Hazel Lee Jenkins Name Change
1.3 STREET ADDRESS 305-F Mabry St.
1.4 CITY-ST-ZIP Tallahassee Fla. 32304

2.1 TITLE CPD ☒ Change ☐ Addition
2.2 NAME Bertha Williams
2.3 STREET ADDRESS 2556 S. Sandalwood Drive S.
2.4 CITY-ST-ZIP Tallahassee Fla. 32310

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME Dorothy Roberts
3.3 STREET ADDRESS 2223 Hillside Road
3.4 CITY-ST-ZIP Tallahassee Fla. 32304

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 an address, with all other like empowered.

SIGNATURE:

Hazel Lee Jenkins HAZEL LEE JENKINS

1/6/99

574-9064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)