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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

STREET ADDRESS

DOCUMENT # N9500003669 (7)

## HOSANNA FAMILY CHURCH, INCORPORATED

Principal Place of Business Mailing Address P.O. BOX 14294 2761 CAPITAL CIR., N.E. TALLAHASSEE FL 32317 TALLAHASSEE FL 32308 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 2761 Capital Circle N 26 P.O. Box 14294 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Tallahassee, Fl <u>Tallahassee, Fl</u> City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zio 30 Leon ☐ Yes ☐ No 32317 Florida Statutes 25 29 24 25 I.eon 29 32317 9. Name and Address of Current Registered Agent 32308 10. Name and Address of New Registered Agent Name Linda K Harrison Street Address (P.O. Box Number is Not Acceptable) MARTIN, DONNA O 82 2901 WHISKERY CT. 2119 Faulk Dr. 83 TALLAHASSEE FL 32308 84 City 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 Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and eccept the obligations of Section 617.0503, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. XXDELETE William Henry Harrison $X_{X}^{Change}$ 1.1 TITLE TITLE D 1.2 NAME NAME MARTIN, WILLIAM L 2119 Faulk Dr. 1.3 STREET ADDRESS STREET ADDRESS 2901 WHISKERY CT. Tallahassee, Fl. 32303 1.4 CITY-ST-ZIP City-St-7IP TALLAHASSEE FL 32308 Addition XXDELETE XX Change 21 TiTLE TITLE D Linda K. Harrison 22 NAME NAME MARTIN, DONNA O 2901 WHISKEY CT. 23 STREET ADDRESS 2119 Faulk Dr. STREET ADDRESS Tallahassee, Fl. 32303 TALLAHASSEE FL 32308 2 4 CITY-ST-ZIP CITY-ST-ZIP 3 1 TITLE XXDELETE TITLE Gregory Redmon D 3.2 NAME SMITH, BENNETT NAME 1600 Eagles Landing Blvd. #55 3.3 STREET ADDRESS 230 BROOKHILL DR. STREET ADDRESS Tallahassee, Fl. 32308 3.4 CITY-ST-ZIP GAHANNA OH 43230 CITY - ST - ZIP XX Change ☐ Addition **X**DELETE 4.1 TITLE TITLE Esterlitta Redmon D 4. 2 NAME NAME HASSLER, DONALD L 1600 Eagles Landing #55 4.3 STREET ADDRESS STREET ADDRESS 4638 NORWICH RD. Tallahassee, F1. 32308 Change CITY-ST-ZIP **WILMINGTON NC 28403** 4.4 CITY-ST-ZIP Addition DELETE 5.1 Till E TITLE 5.2 NAME Charlie Hoskins NAME 5.3 STREET ADDRESS 1820 Rockford Blvd. STREET ADDRESS LeHigh Acres, Fl. 33936 54 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE DELETE 6.1 TITLE 62 NAME NAME

appears in Block 12 or Block 13 if changed, or of an attachment with an address.

IGNATURE: William Herry Hamile | William Herry | William | W

6.3 STREET ADDRESS

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

CR2E037 (12/95)