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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000003669 (7)

1. Corporation Name

HOSANNA FAMILY CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

2761 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32308  
US

PO BOX 14294  
TALLAHASSEE FL 32317-4294  
US



3. Date Incorporated or Qualified  
08/01/1995

3a. Date of Last Report  
04/03/1996

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

2a. Mailing Address

21 3986 Woodville Hwy  
Suite, Apt. #, etc.

26 P O Box 38476  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tallahassee FL  
Zip Country

28 Tallahassee FL  
Zip Country

24 32301 25 USA

29 32315-476 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, LINDA K  
2119 FAULK DR  
TALLAHASSEE FL 32303

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

*Linda K. Harrison*

(NOTE: Registered Agent signature required when reinstating)

02/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HARRISON, WILLIAM HENRY  
STREET ADDRESS 2119 FAULK DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HARRISON, LINDA K  
STREET ADDRESS 2119 FAULK DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME REDMON, GREGORY  
STREET ADDRESS 1600 EAGLES LANDING BLVD #55  
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME REDMON, ESTERLITTA  
STREET ADDRESS 1600 EAGLES LANDING #55  
CITY-ST-ZIP TALLAHASSEE F 32308

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

TITLE D ☐ DELETE  
NAME HOSKINS, CHARLIE  
STREET ADDRESS 1820 ROCKFORD BLVD  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 an address.

SIGNATURE:

*Linda K. Harrison*

*Linda K. Harrison 2/21/97 386-2600*

CR2E037 (9/96)