

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003879 (2)**

1. Corporation Name

THE LAST SHALL BE FIRST HOLINESS CHURCH OF GOD, INC.



Principal Place of Business POST OFFICE BOX 5231 TALLAHASSEE FL 32314	Mailing Address POST OFFICE BOX 5231 TALLAHASSEE FL 32314
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3. Date Incorporated or Qualified 08/15/1995
4. FEI Number 59-3332598
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DEVANE, JONE E 1619 LAKE AVE #B-1 TALLAHASSEE FL 32310	
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10. Name and Address of New Registered Agent	
81 Name DeVane, John and Jewel	
82 Street Address (P.O. Box Number is Not Acceptable) 2855 Apalachee Pkwy	
83 # C-142	
84 City Tallahassee	85 Zip Code FL 32301

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 *Evangelist Jewel DeVane, Pastor* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PT	<input type="checkbox"/> DELETE
NAME ELDER JOHN DEVANE	
STREET ADDRESS 1619 LAKE AVE., B-1	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME BRENDA NELSON	
STREET ADDRESS 1239 STUCKEY AVE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME BARRY GRANT	
STREET ADDRESS 1239 STUCKEY AVE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Elder John DeVane	
1.3 STREET ADDRESS 2855 Apalachee Pkwy # C-142	
1.4 CITY-ST-ZIP Tallahassee, FL 32301	
2.1 TITLE PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Evangelist Jewel DeVane	
2.3 STREET ADDRESS 2855 Apalachee Pkwy # C-142	
2.4 CITY-ST-ZIP Tallahassee, FL 32301	
3.1 TITLE TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Pearl Jackson	
3.3 STREET ADDRESS 1242 Stuckey Ave.	
3.4 CITY-ST-ZIP Tallahassee, FL 32310	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Evangelist Jewel DeVane* *Evangelist Jewel DeVane 4/10/98* *850/817-7997*

CR2E037 (1097)