


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003968 (3) 1. Corporation Name HEDGES AND HIGHWAY MINISTRIES OF THE HOLY TEMPLE OF GOD, INC.			
Principal Place of Business 3333 W. ATLANTIC BLVD. BAYS # 17 & 18 POMPANO BEACH FL		Mailing Address 3333 W. ATLANTIC BLVD. BAYS # 17 & 18 POMPANO BEACH FL 33069-5716	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 P.O. BOX 1017 26 Suite, Apt. #, etc. 27 City & State 28 POMPANO BEACH, FL. 29 Zip Country 30 33061-1017 BROWARD	
3. Date Incorporated or Qualified 08/17/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0377979		Applied For <input type="checkbox"/> Not Applicable	
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8.	
9. Name and Address of Current Registered Agent ROBINSON, JUDDY 7801 SW 10 STREET APT A NO LAUDERDALE FL 33068		10. Name and Address of New Registered Agent 81 Name Juddy Robinson 82 Street Address (P.O. Box Number is Not Acceptable) 540 SW 4TH AVE # 811 83 84 City FT. LAUDERDALE, FL 85 Zip Code 33311	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE STD HUNTLEY, SHIRLEY 1531 ILENE COURT DELRAY BEACH FL 33445 <input type="checkbox"/> DELETE PD ROBINSON, JUDDY 7861 SW 10TH ST, #A NORTH LAUDERDALE FL 33068 <input type="checkbox"/> DELETE VD ROBINSON, MAE FRANCIS 7861 SW 10TH ST, #A NORTH LAUDERDALE FL 33068 <input type="checkbox"/> DELETE TD DARDEN, JOANNA 8100 SW 22ND ST, A-202 NORTH LAUDERDALE FL 33368 <input type="checkbox"/> DELETE SD CLARK, LEANDREA 236 NW 14TH ST., APT #2 POMPANO BEACH FL 33060 <input type="checkbox"/> DELETE D KING, CHERYL 700 NW 6TH ST. POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD HUNTLEY, SHIRLEY 813 S.W. 4TH COURT #2 FT. LAUDERDALE, FL. 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD ROBINSON, JUDDY 540 N.W. 4TH AVENUE #811 FT. LAUDERDALE, FL. 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD ROBINSON, MAE FRANCES 540 N.W. 4TH AVENUE #811 FT. LAUDERDALE, FL. 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/21/97 Daytime Phone # 0024838	

CP2E037 (9/96)