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Jun 30 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 # N96000003162 (2)
1. Corporation Name
HIGHWAY TEMPLE CHURCH OF HOLINESS INCORPORATED



200002226762
-06/30/97--01132--003

Principal Place of Business Mailing Address

500 NE 70TH ST MIAMI FL 33138
17001 SW 108TH AVE MIAMI FL 33157-4119

Highway Temple Church of Holiness Inc

2. Principal Place of Business 2a. Mailing Address

21 101 NE 79 ST 26 16600 SW 103 PL

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

23 City & State miami FL 28 City & State miami FL

24 Zip 33138 Country 29 Zip 33157 Country 30

3. Date Incorporated or Qualified 06/13/1996 3a. Date of Last Report First

4. FEI Number 05-0720953 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

9. Name and Address of Current Registered Agent

KEMP, DEXTER A
17001 SW 108TH AVE
MIAMI FL 33157

B1 Name DEXTER A. KEMP
B2 Street Address (P.O. Box Number is Not Acceptable) 16600 SW 103 PL
B3
B4 City miami FL B5 Zip Code 33157

10. Name and Address of New Registered Agent

B1 Name DEXTER A. KEMP
B2 Street Address (P.O. Box Number is Not Acceptable) 16600 SW 103 PL
B3
B4 City miami FL B5 Zip Code 33157

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 or other governing authority as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Same* (NOTE: Registered Agent signature required when reinstating agent) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	KEMP, DEXTER A	<input checked="" type="checkbox"/>
STREET ADDRESS	17001 SW 108TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/>
NAME	KEMP, ANNAMAE V	<input checked="" type="checkbox"/>
STREET ADDRESS	17001 SW 108TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input checked="" type="checkbox"/>
NAME	KEMP, KLAUS N	<input type="checkbox"/>
STREET ADDRESS	17001 SW 108TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/>
NAME	NANTON, RONNIE	<input checked="" type="checkbox"/>
STREET ADDRESS	5601 NW 28TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DEXTER A KEMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	16600 SW 103 PL		
1.3 STREET ADDRESS	MIAMI FL 33157		
1.4 CITY-ST-ZIP			
2.1 TITLE	ANNAMAE V KEMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	16600 SW 103 PL		
2.3 STREET ADDRESS	MIAMI FL 33157		
2.4 CITY-ST-ZIP			
3.1 TITLE	SAVANNAH N. EDWARDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	2021 NW 64 ST Bldg 19 Apt 201		
3.3 STREET ADDRESS	MIAMI FL 33147		
3.4 CITY-ST-ZIP			
4.1 TITLE	RONNIE NANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	5135 NE 2nd AVE		
4.3 STREET ADDRESS	APT 3		
4.4 CITY-ST-ZIP	MIAMI FL 33127		
5.1 TITLE	ASSISTANT TREASURER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	VERILY KEMP		
5.3 STREET ADDRESS	16600 SW 103 PL		
5.4 CITY-ST-ZIP	MIAMI FL 33157		
6.1 TITLE	Shakeitha KEMP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Ass S		
6.3 STREET ADDRESS	16600 SW 103 PL		
6.4 CITY-ST-ZIP	MIAMI FL 33157		

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 *Dexter A. Kemp* DATE 6-10-97

CR2E037 (9/96)