

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90053 025 ****75.00

DOCUMENT # N96000003162 ✓
1. Corporation Name
HIGHWAY Temple CHURCH of HOLINESS INC

554/58 - 90053 - 25

Principal Place of Business Mailing Address
7020 NW 2AVE 11247 SW 167 ST
Miami FL 33150 Miami FL 33157

| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 7020 NW 2AVE | | 26 11247 SW 167 ST | | 6-13-1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 Store front Blding | | 27 House | | 65-0720853 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 Miami FL | | 28 Miami FL | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 33150 | | 29 33157 | | <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | Trust Fund Contribution | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEXTER A. KEMP
11247 SW 167 ST
Miami FL 33157

81 Name ~~Sum~~ Dexter A. KEMP
82 Street Address (P.O. Box Number is Not Acceptable) 11247
83 SW 167 ST
84 City Miami FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Same

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | Dexter A. Kemp <input type="checkbox"/> DELETE | 1.1 TITLE | Verily Kemp <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 11247 SW 167 ST D | 1.2 NAME | 11247 SW 167 ST Treasurer |
| STREET ADDRESS | Miami FL 33157 | 1.3 STREET ADDRESS | Miami FL 33157 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | Annamae V. Kemp <input type="checkbox"/> DELETE | 2.1 TITLE | Annamae V. Kemp <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 11247 SW 167 ST D | 2.2 NAME | 11247 SW 167 ST D |
| STREET ADDRESS | Miami FL 33157 | 2.3 STREET ADDRESS | Miami FL 33157 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | Kelly Russell <input type="checkbox"/> DELETE | 3.1 TITLE | Kelly Russell <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 81000 N Miami Ave D | 3.2 NAME | 81000 N Miami Ave D |
| STREET ADDRESS | Miami FL 33169 | 3.3 STREET ADDRESS | Miami FL 33169 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | Samantha M Edwards <input type="checkbox"/> DELETE | 4.1 TITLE | Samantha M Edwards <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2021 NW 64 ST Bid 19 Apt 201 | 4.2 NAME | 2021 NW 64 ST Bid 19 Apt 201 |
| STREET ADDRESS | 201 Miami FL 33147 | 4.3 STREET ADDRESS | Miami FL 33147 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | See |
| TITLE | Lorick K Kemp <input type="checkbox"/> DELETE | 5.1 TITLE | Lorick K Kemp <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 17340 NW 27 Ave | 5.2 NAME | 17340 NW 27 Ave youth minister |
| STREET ADDRESS | Miami FL 33056 | 5.3 STREET ADDRESS | Miami FL 33056 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | Dexter A. Kemp <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 11247 SW 167 ST Pastor |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Miami FL 33157 D |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

Dexter A. Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-1999

Date

Daytime Phone #

305271-1213

CR2E037 (11/98)