## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # N96000004723 (0)
1. Corporation Name

HIGHWAY OF HOLINESS MINISTRIES, INC.

Principal Plac	e of Business	Mailing Address	ailing Address		I SOCIALOR DIO SOME DIVIN DELIA BOMI SOMI SOMI DIVIN DIVIN 18010 MEGO MILISON
1228 PILGRIM ROAD SPRING HILL FL 34606		1228 PILGRIM ROAD Spring Hill Fl 34806-4228			
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26     Suite, Apt. #, etc.   Suite, Apt. #					59-3412012 Not Applicable
22 27		27	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp	Country	Z <sub>1</sub> p	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,
24	25] 9. Name and Address of Curre		30		Florida Statutes Yes X No  10. Name and Address of New Registered Agent
	5. Namo dilu Addiesa di Odire	att registered Agent	81	Name	10. Haille and Address of New Registered Agent
AMERIL	AWYER CHARTERED		82		Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE					Addiess (F.O. Dox Normber is Not Acceptable)
CORAL	GABLES FL 33134		83	1	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpose of changing its registered
agent. l a	registered agent, or both, in the stat im familiar with, and accept the obli	e of Florida. Such change was at gations of, Section 617.0503, Flor	utnorizea b rida Statute	y the corp is.	coration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered at OFFICERS AI	Sent and life if applicable. (NOTE:	13.	ent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SERRA, VITO M		1.2 NAME		
STREET ADDRESS	1228 PILGRIM ROAD		1.3 STREE	T ADDRESS	
CITY-S1-ZIP	SPRING HILL FL 34606	- Departs	1.4 CITY-	ST-ZIP	
TITLE	STD CEDDA MAREDIA I	☐ DELETE	2.1 TITLE		Change L. Addition
NAME STREET ADDRESS	SERRA, KIMBERLY J 1228 PILGRIM ROAD		2.2 NAME	T ADDRESS	
CITY-ST-ZIP	ODDING THE DE GROOD		2.4 CITY-		
TITLE	D	☐ DELETE	3.1 TITLE	01"EH	☐ Change ☐ Addition
NAME	SERRA, CATHERINE		3.2 NAME		
STREET ADDRESS	1228 PILGRIM ROAD		3.3 STREE	t address	·
CITY-ST-ZIP	SPRING HILL FL 34606		3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE	.	Change Addition
NAME STREET ADDRESS			4 2 NAME	T ADDRESS	
CITY-ST-ZIP			4.4 CfTY-		
TITLE		DELETE	5.1 TITLE	ωι − &II	☐ Change ☐ Addition
NAME			5.2 NAME		_ •
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP		····	5.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	

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: VITO MISSERRALL WITTO MISSER

6.4 CITY - ST - ZIP