

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002595
1. Corporation Name
St John Holiness Church

Principal Place of Business Mailing Address
859 7th str Live DAK, FLA 32060

2. Principal Place of Business 2a. Mailing Address
21 859 7th str 26 859 7th str
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State Live DAK, FLA 28 City & State Live DAK, FLA
24 Zip 32060 25 Country SWANNEE 29 Zip 32060 30 Country SWANNEE

3. Date Incorporated or Qualified
MAY 5, 1998
4. FEI Number 59-3452518 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name ELDER A. ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable) 859 W 7th STR
83 LIVE DAK, FLA
84 City FL 85 Zip Code 32060

11. Pursuant to the provisions of Sections 617.0509 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: *[Signature]* DATE: 6-10-98

12. OFFICERS AND DIRECTORS

TITLE	DR	DELETE
NAME	SARAH P THOMAS	
STREET ADDRESS	EAST ADAMS MEMORIAL DR.	
CITY-ST-ZIP	WHITE SPRINGS, FLA	
TITLE	ELDER A ROBINSON	DELETE
NAME	ELDER A ROBINSON	
STREET ADDRESS	859 WEST 7th AVE	
CITY-ST-ZIP	LIVE DAK, FLA 32060	
TITLE	T. JONES, ELAINE	DELETE
NAME	T. JONES, ELAINE	
STREET ADDRESS	737 IRVIN AVE	
CITY-ST-ZIP	LIVE DAK, FLA	
TITLE	T HOWELL ZELIENE	DELETE
NAME	T HOWELL ZELIENE	
STREET ADDRESS	Rt. 1 Box 27C	
CITY-ST-ZIP	JENNINGS, FLA 320583	
TITLE	DAVE WARD	DELETE
NAME	DAVE WARD	
STREET ADDRESS	855 WEST 7 STR	
CITY-ST-ZIP	LIVE DAK, FL 32060	
TITLE	HARRIS, EARLENE	DELETE
NAME	HARRIS, EARLENE	
STREET ADDRESS	355 W. 7th STR	
CITY-ST-ZIP	LIVE DAK, FL 32060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	T	Change	Addition
3.2 NAME	MICHAEL PATE		
3.3 STREET ADDRESS	EAST ADAMS MEMORIAL DR		
3.4 CITY-ST-ZIP	WHITE SPRING, FLA		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME	900002571569		
5.3 STREET ADDRESS	-06/25/98--01061--007		
5.4 CITY-ST-ZIP	***61.25		
6.1 TITLE	T	Change	Addition
6.2 NAME	ROMANNE HOPE		
6.3 STREET ADDRESS	Rt 1 Box 27C		
6.4 CITY-ST-ZIP	JENNINGS, FLA 320583		

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: *[Signature]* DATE: 6-10-98 362-2123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (10/97)