

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. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002595
1. Corporation Name

St John Holiness Church

Principal Place of Business Mailing Address

859 7th str LIVE OAK, FLA 32060

3. Date Incorporated or Qualified

MAY 5, 1998

4. FEI Number

59-3452518

Applied For

Not Applicable

2. Principal Place of Business

21 859 7th str

Suite, Apt. #, etc.

22

City & State

23 LIVE OAK, FLA

Zip

24 32060

Country

25 SWANNEE

2a. Mailing Address

26 859 7th str

Suite, Apt. #, etc.

27

City & State

28 LIVE OAK, FLA

Zip

29 32060

Country

30 SWANNEE

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

EIDER A. ROBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

859 W 7th str

83

LIVE OAK, FLA

84 City

FL

85 Zip Code

32060

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 *[Signature]* DATE 6-10-98

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SARAH P THOMAS
STREET ADDRESS EAST ADAMS MEMORIAL DR.
CITY-ST-ZIP WHITE SPRINGS, FLA

TITLE ☐ DELETE

NAME EIDER A ROBINSON
STREET ADDRESS 859 WEST 7th AVE
CITY-ST-ZIP LIVE OAK, FLA 32060

TITLE ☒ DELETE

NAME T. JONES, ELAINE
STREET ADDRESS 737 IRVIN AVE
CITY-ST-ZIP LIVE OAK, FLA

TITLE ☐ DELETE

NAME HOWELL ZELIENE
STREET ADDRESS Rt. 1 Box 27C
CITY-ST-ZIP SENNINGS FLA 320583

TITLE ☐ DELETE

NAME DAVE WARD
STREET ADDRESS 855 WEST 7th str
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE ☐ DELETE

NAME HARRIS, EARLENE
STREET ADDRESS 355 W. 7th str
CITY-ST-ZIP LIVE OAK, FL 32060

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-98 362-2123

Date

Daytime Phone #

CFR2E037 (10/97)