FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

99 APR 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

DOCUMENT # N97000007046

1. Corporation Name

OLD PATHS HOLINESS CHURCH, INC.

Principal Place of Business | Mailing Address

[redacted]

2. Principal Place of Business	2a. Mailing Address
21 1451 SE 32nd Ave.	26 1451 SE 32nd Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Okeechobee, Fl.	28 Okeechobee, Fl.
24 Zip 34974 / 25 Country	29 Zip 34974 / 30 Country

3. Date Incorporated or Qualified: 12/18/1997
4. FEI Number: 65-0800231 — 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Roger D. Hare
82 Street Address (P.O. Box Number is Not Acceptable): 1451 SE 32nd Ave.
83
84 City: Okeechobee FL 85 Zip Code: 34974

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: Roger D. Hare, Director — Roger D. Hare — 4-14-1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-12)	
TITLE	[ ] DELETE	11 TITLE	Tr D [ ] Change [ ] Addition
NAME		12 NAME	Wilson Hazellief
STREET ADDRESS		13 STREET ADDRESS	445 NE 70th Rd.
CITY-ST-ZIP		14 CITY-ST-ZIP	Okeechobee, Fl. 34974
TITLE	[ ] DELETE	21 TITLE	Tr D [ ] Change [ ] Addition
NAME		22 NAME	Roger D. Hare
STREET ADDRESS		23 STREET ADDRESS	1451 SE 32nd Ave.
CITY-ST-ZIP		24 CITY-ST-ZIP	Okeechobee, Fl. 34974
TITLE	[ ] DELETE	31 TITLE	C D Tr [ ] Change [ ] Addition
NAME		32 NAME	D. Steven Crews
STREET ADDRESS		33 STREET ADDRESS	8236 West Third Ave.
CITY-ST-ZIP		34 CITY-ST-ZIP	Hilliard, Fl. 32046
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: D. Steven Crews — D. Steven Crews — 4-14-99 — (941) 763-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E037 (11/98)