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Jun 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **NA97000003303**
1. Corporation Name
God's Healing Holiness Christian Church, INC.

Principal Place of Business: **1346 Malabar Rd. SE Palm Bay Fl. 32907 Unit A**
Mailing Address: **1346 Malabar Rd., SE Palm Bay, Fl. 32907 Unit A**

3. Date Incorporated or Qualified: **June 6, 1997**
4. FEI Number: **69-3459115**
~~N97000003303~~

2. Principal Place of Business:
21 **1346 Malabar Rd., SE**
Suite, Apt #, etc:
22 **Unit A**
City & State:
23 **Palm Bay, Fl. 32907**
Zip: **32907** Country: **Brevard**
24 **32907** 25 **Brevard**
26 **1346 Malabar Rd. SE**
Suite, Apt #, etc:
27 **Unit A**
City & State:
28 **Palm Bay, Fl. 32907**
Zip: **32907** Country: **Brevard**
29 **32907** 30 **Brevard**

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:
**Rev. Pauline Borland
1346 Malabar Rd., SE
Unit A
Palm Bay, Fl. 32907**

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: **Pansy Leslie, Secretary** **3/30/98**

12. OFFICERS AND DIRECTORS

TITLE: **Secretary** DELETE
NAME: **Pansy Leslie**
STREET ADDRESS: **1346 Malabar Rd., SE Unit A**
CITY-STATE-ZIP: **Palm Bay, Fl. 32907**

TITLE: **Treasurer** DELETE
NAME: **Beryl Fletcher**
STREET ADDRESS: **1346 Malabar Rd., SE, Unit A**
CITY-STATE-ZIP: **Palm Bay, Fl. 32907**

TITLE: **President** DELETE
NAME: **Rev. Pauline Borland**
STREET ADDRESS: **1346 Malabar Rd. S. E UNIT A**
CITY-STATE-ZIP: **Palm Bay, FL 32907**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

21 TITLE: **Treasurer** Change Addition
22 NAME: **Uriah C. Burgher**
23 STREET ADDRESS: **1346 Malabar Rd., Unit A**
24 CITY-STATE-ZIP: **Palm Bay, Fl. 32907**

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

61 TITLE: **100002563621** Change Addition
62 NAME: **-06/18/98--01008--034**
63 STREET ADDRESS: *****\$1.25**
64 CITY-STATE-ZIP: **W.D.**

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 included on this 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 or change or on an attachment with an address.

SIGNATURE: **Pansy Leslie** **3/30/98** **(407)953-3774**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(407)729-9621**

CP2E037 (10/97)