

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762621 (1)

1. Corporation Name
FAITH HOLINESS CHURCH OF POLK COUNTY, INC.



Principal Place of Business
**% WILBUR F THOMPSON
1480 WEIBERG ROAD
DUNDEE FL 33838**

Mailing Address
**% WILBUR F THOMPSON
P.O. BOX 487
DUNDEE FL 33838
US**

3. Date Incorporated or Qualified **03/29/1982** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2469612** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**THOMPSON, WILBURN F
203 WEIBERG RD.
P O BOX 487
DUNDEE FL 33838**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **TD THOMPSON, SANDRA A**

STREET ADDRESS **203 WEIBERG RD.**

CITY-ST-ZIP **DUNDEE FL**

TITLE DELETE

NAME **PD THOMPSON, WILBURN F**

STREET ADDRESS **203 WEIBERG RD.**

CITY-ST-ZIP **DUNDEE FL**

TITLE DELETE

NAME **SD THOMPSON, EUGENE N**

STREET ADDRESS **3103 AVE T, NW**

CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

Change Addition

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William F Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
941 439 3989

CR2E037 (12/95)