


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90272 032 ****61.25

DOCUMENT # 741483
1. Entity Name
THE HOLT ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
**BERRY ST.
P.O. BOX 7
HOLT FL 32564-0007** **BERRY ST.
P.O. BOX 7
HOLT FL 32564-0007**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOLT, BRENDA C
4861 L ADAMS RD
HOLT FL 32564**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Brenda C. Holt* **Brenda C. Holt STRR** **4/9/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STRR	<input type="checkbox"/> Delete
NAME	HOLT, BRENDA	
STREET ADDRESS	4861 ADAMS ROAD	
CITY-ST-ZIP	HOLT FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOOPER, RONNIE	
STREET ADDRESS	548 HWY 90 W	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TOLLIVER, CAROLYN	
STREET ADDRESS	4334 COOPER LN	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, LLOYD T	
STREET ADDRESS	4581 LOG LAKE RD	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, DAN	
STREET ADDRESS	HWY 90	
CITY-ST-ZIP	HOLT FL 32564	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carpenter, Gus C.	
STREET ADDRESS	3rd avenue	
CITY-ST-ZIP	Holt, FL 32564	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Earl (Buddy)	
STREET ADDRESS	464 Annie Jo Rd.	
CITY-ST-ZIP	Holt, FL 32564	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Livingston, James	
STREET ADDRESS	450 Sugarman Dr.	
CITY-ST-ZIP	Holt, FL 32564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda C. Holt* **Brenda C. Holt STRR** **4/9/04** **850-537-8351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #