

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741483

FILED
Apr 20, 2005
Secretary of State

Entity Name: THE HOLT ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

BERRY ST.
P.O. BOX 7
HOLT, FL 325640007

New Principal Place of Business:

540 THIRD AVE.
HOLT, FL 325640007

Current Mailing Address:

BERRY ST.
P.O. BOX 7
HOLT, FL 325640007

New Mailing Address:

P.O. BOX 7
HOLT, FL 325640007

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, BRENDA C
4861 L ADAMS RD
HOLT, FL 32564 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STTR () Delete
Name: HOLT, BRENDA
Address: 4861 ADAMS ROAD
City-St-Zip: HOLT, FL

Title: C () Delete
Name: HOOPER, RONNIE
Address: 548 HWY 90 W
City-St-Zip: HOLT, FL 32564

Title: P () Delete
Name: CARPENTER, GUS C
Address: 3RD AVENUE
City-St-Zip: HOLT, FL 32564

Title: VP () Delete
Name: ADAMS, EARL (BUDDY)
Address: 464 ANNIE JO RD.
City-St-Zip: HOLT, FL 32564

Title: D () Delete
Name: HENRY, DAN
Address: HWY 90
City-St-Zip: HOLT, FL 32564

Title: MD () Delete
Name: LIVINGSTON, JAMES
Address: 450 SUGARMAN DR.
City-St-Zip: HOLT, FL 32564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: JOHNS, LEON
Address: 483 4TH AVE
City-St-Zip: HOLT, FL 32564

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOLT, CLIFF
Address: 4861 L. ADAMS RD.
City-St-Zip: HOLT, FL 32564

Title: D (X) Change () Addition
Name: HUBBARD, CHARIE
Address: 1112 COUNTRY LIVING RD.
City-St-Zip: HOLT, FL 32564

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUS C. CARPENTER

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date