

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 040 ****61.25

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Entity Name

THE HOLT ASSEMBLY OF GOD, INC.



Principal Place of Business

540 THIRD AVE.
HOLT FL 32564-0007

Mailing Address

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, BRENDA C
4861 L ADAMS RD
HOLT FL 32564

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

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, 2006

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STTR
HOLT, BRENDA
4861 ADAMS ROAD
HOLT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
JOHNS, LEON
483 4TH AVE
HOLT FL 32564 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARPENTER, GUS C
3RD AVENUE
HOLT FL 32564 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HOLT, CLIFF
4861 L. ADAMS RD.
HOLT FL 32564 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUBBARD, CHARIE
1112 COUNTRY LIVING RD.
HOLT FL 32564 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
LIVINGSTON, JAMES
450 SUGARMAN DR.
HOLT FL 32564 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Michael Chestnut
213 Golf Course Dr.
Crestview, Fla. 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3-17-06

850-537-6242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #