


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90163 045 ****61.25

DOCUMENT # 741483					
1. 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Applied For		8.75 Additional Fee Required			
Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>			
Zip		Country		01212007 Chg-NP CR2E037 (12/06)	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Country		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLT, BRENDA 4861 L ADAMS RD HOLT, FL 32564			Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, BRENDA		NAME		
STREET ADDRESS	4861 ADAMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	HOLT, FL		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNS, LEON		NAME	Johns Leon	
STREET ADDRESS	483 4TH AVE		STREET ADDRESS	483 4th Ave	
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP	Holt, FL 32564	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, GUS C		NAME		
STREET ADDRESS	3RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTNUT, MICHAEL		NAME		
STREET ADDRESS	213 GOLF COURSE DR		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, CHARIE		NAME	James C. Holt	
STREET ADDRESS	1112 COUNTRY LIVING RD.		STREET ADDRESS	4861 L Adams Rd	
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP	Holt FL 32564	
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, JAMES		NAME	James Booth	
STREET ADDRESS	450 SUGARMAN DR.		STREET ADDRESS	477 Marten Lane	
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP	Holt FL 32564	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Brenda Holt</u>		Brenda Holt Secytre.		4/16-07 850-537-6242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	