


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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: _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

000000879496
 04/15/08-80023-015 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STTR HOLT, BRENDA 4861 ADAMS ROAD HOLT, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD JOHNS, LEON 483 4TH AVE HOLT, FL 32564 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARPENTER, GUS C 3RD AVENUE HOLT, FL 32564 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C CHESTNUT, MICHAEL 213 GOLF COURSE DR CRESTVIEW, FL 32538 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOLT, JAMES C 4861 L ADAMS RD HOLT, FL 32564 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOOTH, JAMES 477 MARTEN LANE HOLT, FL 32564 |

DO NOT WRITE IN THIS SPACE

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: Brenda C. Holt Brenda C. Holt 4-1-08 850-537-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #