


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90063 036 \*\*\*\*70.00

<b>DOCUMENT # N0000007573</b> 1. Entity Name <b>CRY ALOUD SPARE NOT NEW TESTAMENT HOLINESS CHURCH, INC.</b>	
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Principal Place of Business 70 HILLTOP ROAD CENTURY, FL 32535	Mailing Address P.O. BOX 392 CENTURY, FL 32535
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**DO NOT WRITE IN THIS SPACE**

03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3682269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRADLEY, IDAINER  
 30 HWY 4 WEST  
 CENTURY, FL 32535

**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: *Idainer Bradley* (NOTE: Registered Agent signature required when renaming)  
 DATE: *3/16/04*

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WILLIAMS, PATRICA 30 HWY 4 WEST P.O. Box 676 CENTURY, FL 32535 FLOMATON, AL 36441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, BESSIE 3452 PARAZINE ST PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PATRICIA CENTURY WOODS APT 505 CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGHT, JANICE 6710 JEFFERSON ST CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, IDAINER PO BOX 392 CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ODOM, HARVEY JR 708 CHAPION RD FLOMATON, AL 36441

**DO NOT WRITE IN THIS SPACE**

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: *Idainer Bradley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: *3/16/04*  
 DAYTIME PHONE #