

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90061 048 ****61.25

DOCUMENT # N00000007573



1. Entity Name
CRY ALLOUD SPARE NOT NEW TESTAMENT HOLINESS CHURCH, INC.

Principal Place of Business

70 HILLTOP ROAD
CENTURY FL 32535

Mailing Address

P.O. BOX 392
CENTURY FL 32535

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3682269**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, IDAINER
30 HWY 4 WEST
CENTURY FL 32535

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICA	
STREET ADDRESS	30 HWY 4 WEST	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAGE-EMMA Bessie Campbell	
STREET ADDRESS	3452 PARAZINE ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA	
STREET ADDRESS	CENTURY WOODS APT 505	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRIGHT, JANICE	
STREET ADDRESS	6710 JEFFERSON ST	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Idainer Bradley	
STREET ADDRESS	P.O. Box 392	
CITY-ST-ZIP	Century FL 32535	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey Odom Jr	
STREET ADDRESS	708 Champion Rd	
CITY-ST-ZIP	Flomaton Ala 36441	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Bright	
STREET ADDRESS	3435 Brevard St Apt A	
CITY-ST-ZIP	Montgomery, FL 36106	
TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emma Page	
STREET ADDRESS	P.O. Box 19	
CITY-ST-ZIP	Century, FL 32535	
TITLE	Vice-Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Williams	
STREET ADDRESS	P.O. Box 76	
CITY-ST-ZIP	Flomaton, Ala 36441	
TITLE	Vice-Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cardell Lawson	
STREET ADDRESS	P.O. 2301	
CITY-ST-ZIP	Brewton, Ala 36427	

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*

3/22/03

CR2E037 (10/02)