

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002101

Entity Name: DOVER PENTECOSTAL HOLINESS CHURCH, INC.**Current Principal Place of Business:**14150 HOLINESS CHURCH RD
DOVER, FL 33527**Current Mailing Address:**P.O. BOX 1019
DOVER, FL 33527**FEI Number:** 59-3616805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DPHC
14150 HOLINESS CHURCH RD
DOVER, FL 33527 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DPHC
Address	14150 HOLINESS CH RD
City-State-Zip:	DOVER FL 33527

Title	TT, VP
Name	RICHARDS, TODD
Address	3851 SUMNER RD
City-State-Zip:	DOVER FL 33577

Title	TT
Name	BLACKMON, SHARON ANN
Address	PO BOX 6618
City-State-Zip:	SEFFNER FL 33583

Title	T
Name	RICHARDS, SHARON
Address	3855 SUMNER RD
City-State-Zip:	DOVER FL 33527

Title	TT
Name	FOX, MICHAEL
Address	2115 DARLINGTON OAK DRIVE
City-State-Zip:	SEFFNER FL 33584

Title	TT
Name	BLACKMON, CURTIS
Address	PO BOX 6618
City-State-Zip:	SEFFNER FL 33583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON RICHARDS

T

08/10/2016

Electronic Signature of Signing Officer/Director Detail_____
Date