


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 711422
 1. Entity Name
THE PENTECOSTAL HOLINESS CHURCH CONFERENCE OF FLORIDA, INC



Principal Place of Business 7 WEST MAIN ST STE 300 APOPKA, FL 32703-5198	Mailing Address 7 WEST MAIN ST STE 300 APOPKA, FL 32703-5198 US
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02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2766052	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
 WILLIAMS SUSAN JOHNSTON, P.A.
 5200 SOUTH U.S. HIGHWAY 17-92
 CASSELBERRY,, FL 32707

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005

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	PD SMITH, CLIFTON M. 1150 PEBBLE BEACH CT. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIS, RAY 102 BELMONT DRIVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	E WILLIAMS, PAUL L. 326 FEATHER PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MCCANTS, RON 3203 PAINTED POST CT EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TINSLEY, DONOVAN 1485 US HWY SOUTH SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERCADO, JOAQUIN 13112 MEADOWBREEZE DRIVE WEST PALM BEACH, FL 33414

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 03/02/05-80068-008 61.25

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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: *Clifton M. Smith* **2-28-05 407 880-0241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #