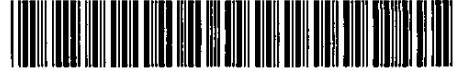


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90053 012 \*\*\*\*61.25

**50010739**



1st MOORE CR2E037 (10/04)

**DOCUMENT # 714633**  
1. Entity Name  
**THE PENTECOSTAL OVERCOMING HOLINESS CHURCH, INC.**



Principal Place of Business Mailing Address  
% 158 EAST CLEVELAND STREET % 158 EAST CLEVELAND STREET  
APOPKA FL 32703 APOPKA FL 32703

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **05-0105000** Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALL, HENRY LEE (REV)**  
**158 E. CLEVELAND ST.**  
**APOPKA FL 32703**

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 *Henry Lee Hall* *Henry Lee Hall (Pastor)* *01-29-05*  
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**  
**Due By: May 1, 2005**

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	HALL, HENRY LEE (ELDER)	
STREET ADDRESS	158 E. CLEVELAND ST.	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, HANNAH M.	
STREET ADDRESS	158 E. CLEVELAND ST.	
CITY-ST-ZIP	APOPKA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SWIFT, KAY F.	
STREET ADDRESS	402 E. 13TH STREET	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, GRETHEN P	
STREET ADDRESS	199 W CLEVELAND ST	
CITY-ST-ZIP	APOKA FL 32703	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, ELMER J	
STREET ADDRESS	3217 CASTLE OAK AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWIFT, EUGENE S	
STREET ADDRESS	402 E 13TH ST	
CITY-ST-ZIP	APOPKA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Henry Lee Hall* *Henry Lee Hall* *01-29-05* *(407) 889-4447*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #