


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 040 ****61.25

DOCUMENT # 714633					
1. Entity Name THE PENTECOSTAL OVERCOMING HOLINESS CHURCH, INC.					
Principal Place of Business % 158 EAST CLEVELAND STREET APOPKA FL 32703		Mailing Address % 158 EAST CLEVELAND STREET APOPKA FL 32703			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0105000	
Zip		Country		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 HALL, HENRY LEE (REV) 158 E. CLEVELAND ST. APOPKA, FL 32703			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>Henry L. Hall</i>		Henry L. Hall		2-11-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-appointing)		DATE	
FILE NOW. FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Minister Helen Penn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, HENRY LEE (ELDER)		NAME	134 W. 17th. St.	
STREET ADDRESS	158 E. CLEVELAND ST.		STREET ADDRESS	APOPKA, FL 32703	
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Minister Sylvia Hudson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, HANNAH M.		NAME	1034 Hawthorne ave.	
STREET ADDRESS	158 E. CLEVELAND ST.		STREET ADDRESS	APOPKA, FL 32703	
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, KAY F.		NAME		
STREET ADDRESS	402 E. 13TH STREET		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, GRETHEN P		NAME		
STREET ADDRESS	199 W CLEVELAND ST		STREET ADDRESS		
CITY-ST-ZIP	APOKA FL 32703		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, ELMER J		NAME		
STREET ADDRESS	3217 CASTLE OAK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, EUGENE S		NAME		
STREET ADDRESS	402 E 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 L. Hall* Henry L. Hall *2-11-06 (1107) 889-4417*