


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 018 ****75.00

DOCUMENT # 714633			
1. Entity Name THE PENTECOSTAL OVERCOMING HOLINESS CHURCH, INC.			
Principal Place of Business 302 7TH ST. APOPKA FL 32703		Mailing Address 302 7TH ST. APOPKA FL 32703	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0105000		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	



2nd MOORE CR2E037 (4/08)

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	Zip Code
		FL	

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 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, HENRY LEE (ELDER)			NAME			
STREET ADDRESS	158 E. CLEVELAND ST.			STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, HANNAH M.			NAME			
STREET ADDRESS	158 E. CLEVELAND ST.			STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWIFT, KAY F.			NAME	Sylvia Fisher Hudson		
STREET ADDRESS	402 E. 13TH STREET			STREET ADDRESS	1034 Hawthorne ave		
CITY-ST-ZIP	APOPKA FL			CITY-ST-ZIP	Apopka Fla. 32703		
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 type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEN, HELEN			NAME			
STREET ADDRESS	134 NW 17TH ST			STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWIFT, EUGENE S			NAME	White, Sadie		
STREET ADDRESS	402 E 13TH ST			STREET ADDRESS	5431 Brooks wood way		
CITY-ST-ZIP	APOPKA FL			CITY-ST-ZIP	Orlando FL 32808		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Bishop Henry Lee Hall*

7-6-08 407-8894747