

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 02, 2006**  
**Secretary of State**

DOCUMENT# 724901

**Entity Name:** THE HOLIDAY FREE METHODIST CHURCH, INCORPORATED**Current Principal Place of Business:**5015 DARLINGTON RD  
HOLIDAY, FL 34690**New Principal Place of Business:****Current Mailing Address:**5015 DARLINGTON RD  
HOLIDAY, FL 34690**New Mailing Address:****FEI Number:** 59-2240525**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HESSE, HENRY B  
3607 ALLANDALE DRIVE  
HOLIDAY, FL 34691 US**Name and Address of New Registered Agent:**HESS, HENRY B  
3607 ALLANDALE DRIVE  
HOLIDAY, FL 34691 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: HENRY B. HESS

10/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** S ( ) Delete  
**Name:** SMITH, SHARON  
**Address:** 5428 CASINO DR  
**City-St-Zip:** HOLIDAY, FL 34690**Title:** T ( ) Delete  
**Name:** SMITH, BRENT  
**Address:** 5428 CASINO DR  
**City-St-Zip:** HOLIDAY, FL 34690**Title:** T ( ) Delete  
**Name:** HESS, HENRY  
**Address:** 3607 ALLANDALE DR  
**City-St-Zip:** HOLIDAY, FL 34691**Title:** P (X) Delete  
**Name:** KEEP, RICHARD J  
**Address:** 5015 DARLINGTON RD  
**City-St-Zip:** HOLIDAY, FL 34690**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P (X) Change ( ) Addition  
**Name:** SMITH, BRENT  
**Address:** 5428 CASINO DR  
**City-St-Zip:** HOLIDAY, FL 34690**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON SMITH

S

10/02/2006

Electronic Signature of Signing Officer or Director

Date