

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724901

FILED  
Apr 29, 2008  
Secretary of State

**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:**

HESS, HENRY B  
3607 ALLANDALE DRIVE  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

HAWKINS, LINDA L  
4948 ELKNER STREET  
NEW PORT RICHEY, FL 34652 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: LINDA L HAWKINS

04/29/2008

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: P ( ) 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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: HOLDER, LEILONI  
Address: 4129 DARLINGTON ROAD  
City-St-Zip: HOLIDAY, FL 34691

Title: T (X) Change ( ) Addition  
Name: HAWKINS, LINDA  
Address: 4948 ELKNER STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ASST (X) Change ( ) Addition  
Name: HESS, HENRY  
Address: 3607 ALLANDALE DR  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify 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: LINDA L HAWKINS

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date