

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737332

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** ST. PETER UPON THIS ROCK HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

134 WILLOW CT.  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

480 HOLLY CIR.  
PO BOX 1354  
QUINCY, FL 32351

**New Mailing Address:**

**FEI Number:** 59-2070524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KELLY, LEROY ELDER  
480 HOLLY CIR.  
QUINCY, FL 32351      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: KELLY, MATTHEW ELDER  
Address: 125 PERRY LANE  
City-St-Zip: HAVANA, FL 32333

Title: TD      ( ) Delete  
Name: KELLY, WILLIE J ELDER  
Address: JAMIESON ROAD  
City-St-Zip: QUINCY FL, 32351

Title: T      ( ) Delete  
Name: KELLY, ELIJAH ELDER  
Address: 391 J&J LANE  
City-St-Zip: QUINCY, FL 32351

Title: S      ( ) Delete  
Name: KELLY, ALICE  
Address: 480 HOLLY CIR.  
City-St-Zip: QUINCY, FL 32351

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: MATTHEW ELDER KELLY

PD

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date