

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 001 ****70.00

DOCUMENT # 742894

1. Entity Name

**HARRIS CHAPEL INDEPENDENT HOLINESS CHURCH
INC. OF CARYVILLE, FLORIDA**



Principal Place of Business

**1830 N HWY 179
BONIFAY FL 32425**

Mailing Address

**P.O. BOX 359
CARYVILLE FL 32427**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGE, ERNEST
2312 HWY 179
BONIFAY FL 32425**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **PDT** ☒ Delete
NAME **BRYANT, JIMMY**
STREET ADDRESS **RT 1 BOX 226**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE **PDT** ☒ Change ☐ Addition
NAME **HARRIS, NORMAN D**
STREET ADDRESS **2258 HAPPY HOLLOW RD**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **D** ☒ Delete
NAME **WOLFLEY, RICHARD**
STREET ADDRESS **2089 SELLERS RD**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **D** ☒ Change ☐ Addition
NAME **WOLFLEY, HAROLD R**
STREET ADDRESS **2089 SELLERS RD**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **D** ☐ Delete
NAME **SELLERS, ALFRED**
STREET ADDRESS **1512 HOLLIDAY PL**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE **D** ☐ Change ☐ Addition
NAME **SELLERS, ALFRED**
STREET ADDRESS **1512 HOLLIDAY PL**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE **D** ☒ Delete
NAME **HARRIS, NORMAN D**
STREET ADDRESS **RT 1 BOX 101**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE **D** ☐ Change ☐ Addition
NAME **HARRIS, NORMAN D**
STREET ADDRESS **RT 1 BOX 101**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE **DV** ☐ Delete
NAME **BRAXTON, JOHN D**
STREET ADDRESS **RT 4 BOX 96**
CITY-ST-ZIP **WESTVILLE FL 32464**

TITLE **DV** ☐ Change ☐ Addition
NAME **BRAXTON, JOHN D**
STREET ADDRESS **RT 4 BOX 96**
CITY-ST-ZIP **WESTVILLE FL 32464**

TITLE **D** ☒ Delete
NAME **VAN DYKE, RON**
STREET ADDRESS **PO BOX 385**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE **D** ☐ Change ☒ Addition
NAME **MARINACCIO, FRANK**
STREET ADDRESS **HWY 179**
CITY-ST-ZIP **BONIFAY FL 32425**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Norman Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-05

Date

850-547-3888

Daytime Phone #