


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

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 749940 1. Entity Name WESLEYAN COMMUNITY HOLINESS CHURCH, INC.					
Principal Place of Business 333 S.W. 4TH STREET BELLE GLADE FL 33430		Mailing Address 333 S.W. 4TH STREET BELLE GLADE FL 33430			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DAVIS, REV. CLIFFORD C. 333 S.W. 4TH STREET BELLE GLADE FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-1983042	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input 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 NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, CLIFFORD C 333 S.W. 4TH STREET BELLE GLADE FL 33430		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000192758 01/25/05-80031-018 8.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JENKINS, DAPHNE C 324 NW 9TH STREET BELLE GLADE FL 33430		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000192758 01/25/05-80031-019 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, CLARISSA L 465 EILON AVENUE SOUTH BAY FL 33493		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, CATHY A 465 EILON AVENUE SOUTH BAY FL 33493		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORGAN, DENNIS 544 SW 4TH ST. BELLE GLADE FL 33430		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURDOCK, ETHEL 200 S.W. 14TH STREET BELLE GLADE FL 33430		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: <i>Rev. Clifford C. Davis</i> REV. CLIFFORD C. DAVIS 01-20-2005 561-996-7709					