

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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**



02172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1983042

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, REV. CLIFFORD C.
333 S.W. 4TH STREET
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, CLIFFORD C
STREET ADDRESS	333 S.W. 4TH STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	ST
NAME	BYER, SONIA
STREET ADDRESS	1717 NW AVE E
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	T
NAME	DAVIS, CLARISSA L
STREET ADDRESS	465 EILON AVENUE
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	T
NAME	DAVIS, CATHY A
STREET ADDRESS	465 EILON AVENUE
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	T
NAME	MORGAN, DENNIS
STREET ADDRESS	544 SW 4TH ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	T
NAME	MURDOCK, ETHEL
STREET ADDRESS	200 S.W. 14TH STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430

U00000867253
04/08/08-80061-021 8.75

U00000867253
04/08/08-80061-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Rev. Clifford C. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2008
Date

Daytime Phone #