2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 749940

Entity Name: WESLEYAN COMMUNITY HOLINESS CHURCH, INC.

Current Principal Place of Business:

333 S.W. 4TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

333 S.W. 4TH STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-1983042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, REV. CLIFFORD C.
333 S.W. 4TH STREET
BELLE GLADE, FL 33430 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:	D	( ) Delete
Name:	DAVIS, CLIFFORD C	
Address:	333 S.W. 4TH STREET	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	ST	( ) Delete
Name:	BYER, SONIA	
Address:	1717 NW AVE E	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	T	( ) Delete
Name:	DAVIS, CLARISSA L	
Address:	465 EILON AVENUE	
City-St-Zip:	SOUTH BAY, FL 33493	
Title:	T	( ) Delete
Name:	DAVIS, CATHY A	
Address:	465 EILON AVENUE	
City-St-Zip:	SOUTH BAY, FL 33493	
Title:	T	( ) Delete
Name:	MORGAN, DENNIS	
Address:	544 SW 4TH ST.	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	T	( ) Delete
Name:	MURDOCK, ETHEL	
Address:	200 S.W. 14TH STREET	
City-St-Zip:	BELLE GLADE, FL 33430	

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:	
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: CLIFFORD C. DAVIS RA 02/12/2009

Electronic Signature of Signing Officer or Director — Date