

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

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90226 050 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 757817 1. Entity Name COMMUNITY WORSHIP CENTER PENTECOSTAL HOLINESS CHURCH, INC.					
Principal Place of Business 6200 W. 9 MILE ROAD PENSACOLA FL 32526 US				Mailing Address 6200 W. 9 MILE ROAD PENSACOLA FL 32526 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLINS, JOSEPH W 6200 W. 9 MILE ROAD PENSACOLA FL 32526				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, JOSEPH W		NAME		
STREET ADDRESS	4111 HWY 95-A NORTH		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, BRUCE		NAME	D Brad Stutts	
STREET ADDRESS	13899 BEULAH ROAD		STREET ADDRESS	4051 Rockaway Creek Rd.	
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP	Mc David, FL 32568	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, TROY		NAME	D Wayne Ging	
STREET ADDRESS	19353 COMMUNITY LANE		STREET ADDRESS	11706 Mobile Hwy.	
CITY-ST-ZIP	SUMMERDALE AL 36580		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D McNair, Deborah	
STREET ADDRESS			STREET ADDRESS	6230 W. 9 Mile Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Deborah McNair Sec/Tres. Deborah McNair 5/8/05 (850) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 944-2593</small>					