

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

DOCUMENT # 757817
 1. Entity Name
COMMUNITY WORSHIP CENTER PENTECOSTAL HOLINESS CHURCH, INC.



50052351



1st MOORE CR2E037 (10/04)

Principal Place of Business Mailing Address
 6200 W. 9 MILE ROAD 6200 W. 9 MILE ROAD
 PENSACOLA FL 32526 PENSACOLA FL 32526
 US US

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 **59-1861861** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COLLINS, JOSEPH W
6200 W. 9 MILE ROAD
PENSACOLA FL 32526

7. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (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. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JOSEPH W 4111 HWY 95-A NORTH CANTONMENT FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, BRUCE 13899 BEULAH ROAD CANTONMENT FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, TROY 19353 COMMUNITY LANE SUMMERDALE AL 36580 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brad Stutts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4051 Rockaway Creek Rd, Mc David, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Ging <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11706 Mobile Hwy. Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McNair, Deborah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6230 W. 9 Mile Rd. Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah McNair Sec/Tres. Deborah McNair 5/8/05 (830)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **944-2523**