

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762033

**FILED  
Jan 08, 2004  
Secretary of State**

**Entity Name:** PENTECOSTAL HOLINESS EVANGELISTIC ASSOCIATION OF HIGHLANDS COUNTY, INC.

**Current Principal Place of Business:**

312 AVON EST. BLVD  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

312 AVON EST. BLVD  
AVON PARK, FL 33825 US

**New Mailing Address:**

**FEI Number:** 59-2248187      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIZEMORE, BOBBY C.  
421 W BELL ST  
AVON PARK, FL 33825

**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: STD ( ) Delete  
Name: WILSON, JUDITH A,  
Address: 805 N. DELANEY AVENUE  
City-St-Zip: AVON PARK, FL 33825 US

Title: VTD ( ) Delete  
Name: SIZEMORE, BOBBY C.,  
Address: 421 W BELL ST  
City-St-Zip: AVON PARK, FL

Title: D ( ) Delete  
Name: SIZEMORE, ELMER C.,  
Address: 421 W BELL ST  
City-St-Zip: AVON PARK, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDITH A. WILSON

STD

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date