2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # 766900** 1. Entity Name SPIRIT OF HOLINESS FELLOWSHIP, INC. Principal Place of Business Mailing Address C/O REV. WINFRED D. KING C/O REV. WINFRED D. KING 3754 BUNYON DR. -2754 BUNYON DR CHIPLEY FL 32428 CHIPLEY FL 32428 ŪS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-2432813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KING, REV. WINFRED D. Street Address (P.O. Box Number is Not Acceptable) 3754 BUNYON DR. **RT 4** CHIPLEY FL 32428 Zip Codo 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD DILLE ☐ Change ☐ Delete Addition NAME KING, REV.WINFRED D. NAME 000000715361 STREET ADDRESS 3754 BUNYON DR. STREET ADDRESS 04/27/07-80061-008 61.25 CITY-ST-7IP CHIPLEY FL CITY-ST-ZIP TITLE. SD Delete IIIŒ ☐ Addition NAME SIMS, REV DAVID NAME STREET ADDRESS STREET ADDRESS 23687 CARLISLE RD CITY-ST-ZIP CITY-ST-ZIP ANDALUSIA AL 36421 TITLE ☐ Defete HUE ☐ Change Addition NAME NAME CARRAWAY, REV RUFUS STREET ADDRESS STREET ADDRESS 1,000 CROTON ST CITY-SI-ZIP CITY-ST-7/P LAKE PLACID, FL 00000 ☐ Detete Change ☐ Addition THLE THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-SI-7IP TIRE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete шш Change Addition NAME NAME STREET ADDRESS STHEFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an address, with all other like empowered.

SIGNATURE:

Rev. David Sym 5

4/12/2007

(334) 493-3107