


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90078 018 \*\*\*\*70.00

<b>DOCUMENT # 768328</b>	
1. Entity Name <b>HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.</b>	

Principal Place of Business <b>415 N ALCANIZ ST PENSACOLA, FL 32501 US</b>	Mailing Address <b>415 N ALCANIZ ST PENSACOLA, FL 32501 US</b>
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20017783



2. Principal Place of Business <b>3118 W. FAIRFIELD AVE.</b>	3. Mailing Address <b>PO Box 16548</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State <b>PENSACOLA FL</b>	City & State <b>PENSACOLA FL</b>	4. FEI Number <b>58-1588096</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32505</b>	Country <b>ESCAMBIA</b>	Zip <b>32507</b>	Country <b>ESCAMBIA</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>LEAKE, KEVIN 609 W SUNSET AVE PENSACOLA, FL 32507</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  **KEVIN LEAKE TREASURER** **2-24-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD O'STEEN, SANDY 1002 E YONGE ST PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD JOSEPH BISHOP 7396 OLD MAGNOLIA CT NAVARRE FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD LEAKE, KEVIN 609 W SUNSET AVE PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STEVEN GILLETTE 3058 LIANNA LN. PENSACOLA FL 32505</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MORGAN, JES 2044 CORAL CREEK DR PENSACOLA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D SUE CALLOWAY 22315 BEVERLY ST. ROBERTSDALE AL 36567</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD GELLERT, WENDY 10769 SILVER CREEK DR PENSACOLA, FL 32506</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD BOOTH, IBURG 1119 PARK LANE GULF BREEZE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D PHILLIPS, BARRY 1125 N 14TH AVE PENSACOLA, FL 32501</b>	<input checked="" type="checkbox"/> Delete	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:  **2-24-05 (850) 465-9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #