


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 812020</b> 1. Entity Name <b>THE CHURCH OF CHRIST HOLINESS UNTO THE LORD</b>		
Principal Place of Business <b>2301 N.W. 22ND STREET FORT LAUDERDALE, FL 33311</b>		Mailing Address <b>1400 NW 32 AVE FORT LAUDERDALE, FL 33311</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>4871 N.E. 2nd Avenue</b>  Suite, Apt. #, etc.	
City & State  Zip      Country	City & State <b>FT. Lauderdale, Florida</b> Zip      Country <b>33334      U.S.A.</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>HARDEN, DANIEL R. 1400 NW 32 AVE. FT. LAUDERDALE, FL 33311</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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>000079522030</b> <small>\$5.00 May Be Added to Fees</small> 08/06--01036--017    **\$61.25		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>VT</b> <input type="checkbox"/> Delete	NAME <b>HARDEN, DANIEL R.</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1400 NW 32 AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE, FL</b>	STREET ADDRESS <b>4871 N.E. 2nd Avenue</b>
TITLE <b>PT</b> <input type="checkbox"/> Delete	NAME <b>LEWIS, MOSES</b>	CITY-ST-ZIP <b>FT. Lauderdale, Florida 33334</b>
STREET ADDRESS <b>RT. 4, BOX 255</b>	CITY-ST-ZIP <b>SYLVANIA, GA</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VT</b> <input type="checkbox"/> Delete	NAME <b>KELLY, ERNEST</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>RT. 3, BOX 282</b>	CITY-ST-ZIP <b>MIDWAY, GA</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DT</b> <input type="checkbox"/> Delete	NAME <b>KELLY, JC</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>145-42 226TH STREET</b>	CITY-ST-ZIP <b>ROSEDALE, NY 11413</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 607, 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.		
<b>SIGNATURE: <u>Daniel R. Harden</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b><u>Bishop</u></b> <b>8-27-06</b> <small>Date      Daytime Phone #</small>

FILED  
06 SEP -1 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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