2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007573

1. Entity Name

CRY ALOUD SPARE NOT NEW TESTAMENT HOLINESS CHURCH, INC.



03-19-2004 90063 036 ****70.00

Mar 19, 2004 8:00 am Secretary of State

FILED

Principal Place of Business 70 HILLTOP ROAD CENTURY, FL 32535 Mailing Address

P.O. BOX 392

CENTURY, FL 32535



DO NOT WRITE IN THIS SPACE 03012004 No Chg-NP

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BRADLEY, IDAINER 30 HWY 4 WEST CENTURY, FL 32535

changed, or on an attachment with an address

SIGNATURE:

DO NOT WRITE

			The second secon		a fair	1 +2 7 21
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 Signature, typed or printed nemeror registered agent and title ill applicable. NOTE: Registered Agent signature required when reinstating) DATE:						
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financia Trust Fund Contribution.			cing \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	Code on the second of the seco		744a	a, let a poi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, PATRICA 30 HWY 4 WEST P.OBOTO CENTURY, FL 32535 Floractury	76 N. M. 36441				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, BESSIE 3452 PARAZINE ST PENSACOLA, FL 32514					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PATRICIA CENTURY WOODS APT 505 CENTURY, FL 32535	,	DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGHT, JANICE 6710 JEFFERSON ST CENTURY, FL 32535	P _Q ,	IN	THIS SP	VOE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, IDAINER PO BOX 392 CENTURY, FL 32535					
TITLE MAME STREET ADDRESS CITY-ST-ZIP	T ODOM, HARVEY JR 708 CHAPION RD FLOMATON, AL 36441					
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						