## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004078

FILED Feb 05, 2009 Secretary of State

Entity Name: COBBTOWN HOLINESS CHURCH, INC.

- uc	Principal Place of Business:	New Principal Place of Business:
1700 GRE JAY, FL	EENWOOD ROAD 32565	
Current I	Mailing Address:	New Mailing Address:
PO BOX : JAY, FL :		
El Numbe	r: 81-0559291 FEI Number Applied For (	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name an	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
LASSITEI 3200 COB JAY, FL	BÉTOWN RD	
	e named entity submits this statement fo te of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATL	IRE:	
	Electronic Oissoctors of Descisters	
	Electronic Signature of Registere	ed Agent Date
OFFICER	Electronic Signature of Registers  S AND DIRECTORS:	ed Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: Dity-St-Zip:	D () Delete MORGAN, WILLIAM H 3431 IRA LANE	
Title:  Name:  Nddress:  City-St-Zip:  Title:  Name:  Nddress:	D () Delete MORGAN, WILLIAM H 3431 IRA LANE JAY, FL 32565  D () Delete MURPHY, MATT 13329 HIGHWAY 89	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition Name: Address:
Fitle: Name: Nddress:	D () Delete MORGAN, WILLIAM H 3431 IRA LANE JAY, FL 32565  D () Delete MURPHY, MATT 13329 HIGHWAY 89 JAY, FL 32565  D () Delete FIELDS, JERRY F 3427 IRA LANE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Fitle: Name: Nadress: Dity-St-Zip: Fitle: Name: Nadress: Dity-St-Zip: Fitle: Name: Name: Name: Name:	D () Delete MORGAN, WILLIAM H 3431 IRA LANE JAY, FL 32565  D () Delete MURPHY, MATT 13329 HIGHWAY 89 JAY, FL 32565  D () Delete FIELDS, JERRY F 3427 IRA LANE	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 exemption stated 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 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: WILLIAM H. MORGAN MR. 02/05/2009