


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

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N04000001289</b>                                  |  |
| 1. Entity Name<br><b>UNITY PENTECOSTAL HOLINESS CHURCH, INC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>118 N SAVAGE ST<br/>CRESTVIEW FL 32536</b> | Mailing Address<br><b>118 N SAVAGE ST<br/>CRESTVIEW FL 32536</b> |
|--|--|



|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc |         | 3. Mailing Address<br><br>Suite, Apt. #, etc |         |
| City & State   |         | City & State                                 |         |
| Zip  | Country | Zip  | Country |

1st MOORE CR2E037 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>13-4268113</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>PARKS, CATHERINE<br/>202 OGLESBY AVE<br/>CRESTVIEW FL 32536</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PV<br>PARKS, CATHERINE<br>202 OGLESBY AVE<br>CRESTVIEW FL 32536 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000715412<br/>04/27/07-80064-001 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>PARKS, GEORGE<br>202 OGLESBY AVE<br>CRESTVIEW FL 32536 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | T<br>WILEY, MARITHA<br>202 OGLESBY AVE<br>CRESTVIEW FL 32536 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | T<br>KNIGHT, WALTON<br>478 S SAVAGE ST<br>CRESTVIEW FL 32536 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | T<br>WILEY, YARNETTE<br>102 GRIMES ST<br>CRESTVIEW FL 32536 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PS<br>KNIGHT, SHIRLEY<br>478 S SAVAGE ST<br>CRESTVIEW FL 32536 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: Catherine Parks April 16, 2007 850-682-1170