


# 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 <b>UNITY PENTECOSTAL HOLINESS CHURCH, INC</b>		
Principal Place of Business <b>118 N SAVAGE ST CRESTVIEW FL 32536</b>		Mailing Address <b>118 N SAVAGE ST CRESTVIEW FL 32536</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>13-4268113</b>		Applied For <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  <b>PARKS, CATHERINE 202 OGLESBY AVE CRESTVIEW FL 32536</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>



1st MOORE CR2E037 (10/06)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PV PARKS, CATHERINE 202 OGLESBY AVE CRESTVIEW FL 32536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, CATHERINE		
STREET ADDRESS	202 OGLESBY AVE		
CITY-STATE-ZIP	CRESTVIEW FL 32536		
TITLE	D PARKS, GEORGE 202 OGLESBY AVE CRESTVIEW FL 32536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, GEORGE		
STREET ADDRESS	202 OGLESBY AVE		
CITY-STATE-ZIP	CRESTVIEW FL 32536		
TITLE	T WILEY, MARITHA 202 OGLESBY AVE CRESTVIEW FL 32536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, MARITHA		
STREET ADDRESS	202 OGLESBY AVE		
CITY-STATE-ZIP	CRESTVIEW FL 32536		
TITLE	T KNIGHT, WALTON 478 S SAVAGE ST CRESTVIEW FL 32536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, WALTON		
STREET ADDRESS	478 S SAVAGE ST		
CITY-STATE-ZIP	CRESTVIEW FL 32536		
TITLE	T WILEY, YARNETTE 102 GRIMES ST CRESTVIEW FL 32536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, YARNETTE		
STREET ADDRESS	102 GRIMES ST		
CITY-STATE-ZIP	CRESTVIEW FL 32536		
TITLE	PS KNIGHT, SHIRLEY 478 S SAVAGE ST CRESTVIEW FL 32536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, SHIRLEY		
STREET ADDRESS	478 S SAVAGE ST		
CITY-STATE-ZIP	CRESTVIEW FL 32536		

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04/27/07-80064-001 61.25

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