

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N04000001289

Entity Name: UNITY PENTECOSTAL HOLINESS CHURCH, INC

Current Principal Place of Business:

118 N SAVAGE ST
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

118 N SAVAGE ST
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 13-4268113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, CATHERINE
202 OGLESBY AVE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: PARKS, CATHERINE
Address: 202 OGLESBY AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: PARKS, GEORGE
Address: 202 OGLESBY AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: WILEY, MARITHA
Address: 202 OGLESBY AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: KNIGHT, WALTON
Address: 478 S SAVAGE ST
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: WILEY, YARNETTE
Address: 102 GRIMES ST
City-St-Zip: CRESTVIEW, FL 32536

Title: PS () Delete
Name: KNIGHT, SHIRLEY
Address: 478 S SAVAGE ST
City-St-Zip: CRESTVIEW, FL 32536

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:

Title: () Change () Addition
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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: CATHERINE PARKS

PAST

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date