


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90219 022 ****61.25

DOCUMENT # N04000001480	
1. Entity Name THE CHURCH OF THE HOLY NATIVITY, INC.	

Principal Place of Business 1020 E. MAIN STREET PAHOKEE FL 33476	Mailing Address P. O. BOX 440 PAHOKEE FL 33476
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

1st MOORE CR2E037 (10/05)

Zip	Country	Zip	Country
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4. FEI Number 59-6621182	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HUDSPETH, DENISE REV. 1020 E. MAIN STREET PAHOKEE FL 33476	
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Name BEEBE FRED REV. (DEACON)	
Street Address (P.O. Box Number is Not Acceptable) 1020 E. MAIN STREET	
City PAHOKEE	Zip Code FL 33476

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 *Rev. Fred Beebe*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

04/23/06
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	SW TODD, FLORA W 749 BACOM POINT RD PAHOKEE FL 32476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 137 E. MAIN ST. PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW RUST, ALLEN 13400 HWY 441 N CANAL POINT FL 33438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILKISSON, BETH 29 LAKESIDE COURT PAHOKEE FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILKINSON 29 LAKESIDE DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, MARY E 297 W MAIN ST #17 PAHOKEE FL 33476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T TREUMAN, NANCY 2271 BACOM POINT RD. PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Nancy Treuman - Treasurer*

4/17/06

561-924-3334