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Secretary of State
02-04-2005 90040 030 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008047

1. Entity Name
BLOUNTSTOWN FIRST PENTECOSTAL HOLINESS CHURCH, INC.

40012371

Principal Place of Business	Mailing Address
17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424 US	P.O. BOX 281 BLOUNTSTOWN, FL 32424 US

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2345573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODMAN, DAVID 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	P GOODMAN, DAVID 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Keith Daniels 15603 SW Grace Peacock Road Blountstown, FL 32424-4950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ABRAHAM, JULIE 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Brad Owens 18927 SW Owens Lane Blountstown, FL 32424
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRYE, HALLEY P.O. BOX 185 BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Howell Goodman P.O Box 27 Blountstown, FL 32424
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODWIN, EMORY 15538 SW CARLOS PEAVY ROAD BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANTHAM, HARVEY 13889 NW HENRY GRANTHAM ROAD BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, DOYLE 4966 SW JOHN DANIELS ROAD KINARD, FL 32449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Goodman 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #