

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90204 024 \*\*\*\*70.00

<b>DOCUMENT # N04000008047</b>					
<b>1. Entity Name</b> BLOUNTSTOWN FIRST PENTECOSTAL HOLINESS CHURCH, INC.					
<b>Principal Place of Business</b> 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424 US			<b>Mailing Address</b> P.O. BOX 281 BLOUNTSTOWN, FL 32424 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2345573	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GOODMAN, DAVID 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> GOODMAN, DAVID <input type="checkbox"/> Delete 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Troett, Bonnie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 1755 Grandridge, FL 32442	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> DUNN, JULIE <input type="checkbox"/> Delete 17000 NW ANGLE STREET BLOUNTSTOWN, FL 32424		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>W</b> Woodham, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 638 Bristol, FL 32301	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DUNN, MICHAEL R SR <input type="checkbox"/> Delete PO BOX 40 BLOUNTSTOWN, FL 32424		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>G</b> Goodman, Howell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 27 Bloomington, FL 32404	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GODWIN, EMORY <input type="checkbox"/> Delete 15538 SW CARLOS PEAVY ROAD BLOUNTSTOWN, FL 32424		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Daniels, Keith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15603 S.W. Grace Peacock Rd Bloomington, FL 32404	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GRANTHAM, HARVEY <input type="checkbox"/> Delete 13889 NW HENRY GRANTHAM ROAD BLOUNTSTOWN, FL 32424		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TANNER, WARREN <input type="checkbox"/> Delete PO BOX 816 BLOUNTSTOWN, FL 32424		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>			Date <span style="float: right;">850 674-9864</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					