2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 05, 2005 8:00 am
Secretary of State

03-15-2005 90043 013 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000008594

1. Entity Name

GOD'S LITTLE COUNTRY HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
1221 DIPPER RD MARIANNA FL 32448	1221 DIPPER RD MARIANNA FL 32448

2. Principal Place of Business	3. Mailing Address
1221 Dipper Rd.	P.O. Box 263
Suite, Apt. #, etc.	Suite, Apt. #, etc. Alford
City & State: Marianna FL	City & State: FL
Zip: 32448 Country: Jackson	Zip: 32420 Country: Jackson

4. FEI Number: 22-3890962 — 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
BROOME, GREGORY 1221 DIPPER RD MARIANNA FL 32448	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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROOME, GREGORY	NAME	
STREET ADDRESS	P O BOX 461	STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL 32438	CITY-ST-ZIP	
TITLE	VPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROCK, LEROY	NAME	
STREET ADDRESS	1228 DIPPER RD	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32448	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STOKES, JANET	NAME	
STREET ADDRESS	1215 SJORES RD	STREET ADDRESS	
CITY-ST-ZIP	ALFORD FL 32420	CITY-ST-ZIP	
TITLE	T/T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROOME, TERESA	NAME	
STREET ADDRESS	P O BOX 461	STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL 32438	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STOKES, CHRISTOPHER D	NAME	
STREET ADDRESS	1215 SHORES RD	STREET ADDRESS	
CITY-ST-ZIP	ALFORD FL 32420	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Teresa Broome 3-10-05 850-722-6278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #