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

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

1st MOORE CR2E037 (10/04)

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: _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BROOME, GREGORY P O BOX 461 FOUNTAIN FL 32438	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT BROCK, LEROY 1228 DIPPER RD MARIANNA FL 32448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STOKES, JANET 1215 SJORES RD ALFORD FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/T BROOME, TERESA P O BOX 461 FOUNTAIN FL 32438	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOKES, CHRISTOPHER D 1215 SHORES RD ALFORD FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Teresa Broome 3-10-05 850-722-6278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #