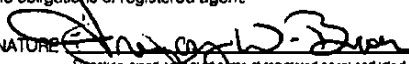


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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 1221 DIPPER RD MARIANNA FL 32448			Mailing Address 1221 DIPPER RD MARIANNA FL 32448		
2. Principal Place of Business 1221 Dipper Rd.		3. Mailing Address P.O. Box 263			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Alford			
City & State Marianna FL		City & State FL		4. FEI Number 22-3890962	
Zip 32448		Country Jackson		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOME, GREGORY 1221 DIPPER RD MARIANNA FL 32448		7. Name and Address of New Registered Agent 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 must be of the name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)					
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					
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	VPT BROCK, LEROY 1228 DIPPER RD MARIANNA FL 32448 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOKES, JANET 1215 SJORES RD ALFORD FL 32420 ☐ Delete				
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	STOKES, CHRISTOPHER D 1215 SHORES RD ALFORD FL 32420 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  3-10-05 850-722-6278 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					