

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90243 007 ****61.25

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1. Entity Name

GOD'S LITTLE COUNTRY HOLINESS CHURCH, INC.



Principal Place of Business

1221 DIPPER RD
MARIANNA FL 32448

Mailing Address

P.O. BOX 263
ALFORD FL 32420



2. Principal Place of Business

1221 Dipper Rd
Suite, Apt. #, etc.
MARIANNA FL
City & State

3. Mailing Address

God's Little Country Holiness
Suite, Apt. #, etc.
P.O. Box 263
City & State
ALFORD FL

1st MOORE

CR2E037 (10/05)

4. FEI Number

22-3890962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

32448

Country

Jackson

Zip

32420

Country

Jackson

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

Signature typed or printed name of registered agent and title if applicable

GREGORY W. BROOME

(NOTE: Registered Agent signature required when reinstating)

3/7/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PT
NAME BROOME, GREGORY
STREET ADDRESS P O BOX 461
CITY-ST-ZIP FOUNTAIN FL 32438 ☐ Delete

TITLE VPT
NAME BROCK, LEROY
STREET ADDRESS 1228 DIPPER RD
CITY-ST-ZIP MARIANNA FL 32448 ☒ Delete

TITLE ST
NAME STOKES, JANET
STREET ADDRESS 1215 SJORES RD
CITY-ST-ZIP ALFORD FL 32420 ☐ Delete

TITLE T/T
NAME BROOME, TERESA
STREET ADDRESS P O BOX 461
CITY-ST-ZIP FOUNTAIN FL 32438 ☐ Delete

TITLE T
NAME STOKES, CHRISTOPHER D
STREET ADDRESS 1215 SHORES RD
CITY-ST-ZIP 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 VPT
NAME Melton Rials Jr.
STREET ADDRESS 3113 LYNNE Lane
CITY-ST-ZIP MARIANNA FL 32448 ☐ 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 exemptions contained in Section 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.

SIGNATURE

GREGORY W. BROOME

3/7/06

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