

**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



**DOCUMENT # N04000008594**  
 1. Entity Name  
**GOD'S LITTLE COUNTRY HOLINESS CHURCH, INC.**

Principal Place of Business      Mailing Address  
**1221 DIPPER RD**      **P.O. BOX 263**  
**MARIANNA FL 32448**      **ALFORD FL 32420**



2. Principal Place of Business      3. Mailing Address  
*1221 Dipper Rd*      *God's Little Country Holch*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Marianna FL*      *P.O. Box 263*

City & State      City & State  
*Alford FL*  
 Zip      Country      Zip      Country  
*32448*      *Jackson*      *32420*      *Jackson*

1st MOORE      CR2E037 (10/05)  
 4. FEI Number      Applied For  
**22-3890962**      Not Applicable

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 *[Signature]*      *GREGORY W. BROOME*      *3/7/06*  
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	BROOME, GREGORY	P O BOX 461	FOUNTAIN FL 32438	<input type="checkbox"/>
VPT	BROCK, LEROY	1228 DIPPER RD	MARIANNA FL 32448	<input checked="" type="checkbox"/>
ST	STOKES, JANET	1215 SJORES RD	ALFORD FL 32420	<input type="checkbox"/>
T/T	BROOME, TERESA	P O BOX 461	FOUNTAIN FL 32438	<input type="checkbox"/>
T	STOKES, CHRISTOPHER D	1215 SHORES RD	ALFORD FL 32420	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPT	Melton Rials Jr.	3113 LYNNE LANE	MARIANNA FL 32448	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *[Signature]*      *GREGORY W. BROOME*      *3/7/06*