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

		1,,,,		_, An	w 12 20	06 08:00 A	4 N/I
DOCUMENT # N04000011569 1. Entity Name						ry of State	
IT'S PRA' CHURCH	YING TIME HOLINESS APO , INC.	STOLIC FAITH					
Principal Place of Business		Mailing Address					
207 YOAKUM CT. PENSACOLA FL 32505		207 YOAKUM CT. PENSACOLA FL 32505					
2. Principal Place of Business		3. Mailing Address		• IN-83111	#2 #21 ## } #4# ###22 ###22 -	a Marier marias simila simas mesta mesta u	onital as laar
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st	MOORE	CR2E037 (10/05)	
City & State		City & State		4. FEI Number	20-208024		pplied For ot Applicat
Zıp	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Curren	1 Registered Agent		7. Name and /	Address of New I	Fee Require	- ·
		Name			<u></u>		
WOODSON, JAMES LEE 207 YOAKUM CT. PENSACOLA FL 32505			Street Address	(P.O. Box Number	is Not Acceptebl	8}	
			City			FL Zip Cod	 1 e
The show	named entity submits this statement	for the purpose of changing its re	gistered office or regist	prod agent or holi	in the State of El	· · · · · · · · · · · · · · · · · · ·	and so: 4.1
signature	tions of registered agent. Signature, typing or printed name of registered agen	resplicable (NOTE: F	legistored Agent signatura requir	ed when sevisiansp)		DATE	.,-
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	Trust Fund Cor	ntribution.	\$5.00 May Be Added to Fees	Flor	ke Check Payable da Department of	State
10.	OFFICERS AND D		11.	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOODSON, JOANNA P. 207 YOAKUM COURT PENSACOLA FL 32505	☐ Delete	Title NAME STREET ADDRESS CHY-ST-ZIP	(0000005 04/26/06-8	□ Change 05251 0110-006 61.2	XARKI
TITLE NAME STREET ADDRESS CITY-ST-2IP	D WOODSON, ANDRE L. 3215 W. FAIR FIELD DRIVE PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Winner
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA WOODSON, JAMES L. 207 YOAKUM COURT PENSACOLA FL 32505	□ De/ete	THE NAME STREET ADDRESS CITY-ST-ZIP		i :	☐ Change	☐ Addillo
TITLE NAME STREET AODRESS CUTY-ST-ZIP		☐ Oelete	Title Name Streei Address City-S1-2/P		}	☐ Change	☐ Addition
TITLE NAME STINCE? ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		,	☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TISLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Charlge	☐ Addition

FILED

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 calli, 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.