

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2009  
Secretary of State**

DOCUMENT# N05000002565

Entity Name: HILLIARD PENTECOSTAL FULL GOSPEL CHURCH, INC.

**Current Principal Place of Business:**

37530 W FIRST STREET  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

37530 W FIRST STREET  
HILLIARD, FL 32046

**New Mailing Address:**

FEI Number: 34-2030207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEMAN, CAROLYN C  
17201 COLEMAN LN  
HILLIARD, FL 32046      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            MRS            ( ) Delete  
Name:            COLEMAN, CAROLYN C  
Address:        17201 COLEMAN LN  
City-St-Zip:    HILLIARD, FL 32046 US

Title:            MR            ( ) Delete  
Name:            KEENE, HAL L SR  
Address:        282131 LAKE HAMPTON RD  
City-St-Zip:    HILLIARD, FL 32046 FL

Title:            REV            ( ) Delete  
Name:            SWEAT, ALEX L  
Address:        241939 CR 121  
City-St-Zip:    HILLIARD, FL 32046 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN C COLEMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS

03/09/2009

\_\_\_\_\_  
Date