

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002565

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** HILLIARD PENTECOSTAL FULL GOSPEL CHURCH, INC.

**Current Principal Place of Business:**

37442 HENRY SMITH RD  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 244  
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  
Name: COLEMAN, CAROLYN C  
Address: 17201 COLEMAN LN  
City-St-Zip: HILLIARD, FL 32046 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN C COLEMAN

TRES

05/02/2011

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

\_\_\_\_\_  
Date