

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009926

1. Entity Name
MISSIONARY UNION OF HOLINESS CHURCHES, INC.



FILED

2007 MAY -2 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2893 MCCALL BRIDGE RD.
QUINCY, FL 32351

Mailing Address
2893 MCCALL BRIDGE RD.
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #
222 Dorsey Smith Ln
Suite, Apt. #, etc.

3. Mailing Address
222 Dorsey Smith Ln
Suite, Apt. #, etc.



05022007 Chg-NP CR2E037 (12/06)

City & State
Quincy, FL
Zip
32352-6727
Country
GASNOLES

City & State
Quincy, FL
Zip
32352-6727
Country

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KNOX, VIVIAN
198 DORSEY SMITH LANE
QUINCY, FL 32352-6727

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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
P
SHEPPARD, FLORIA C
1815 ELM ST.
QUINCY, FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
YOUNG, ESSIE
934 MILLARD ST.
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KNOX, ANTHONY SR.
198 DORSEY SMITH LANE
QUINCY, FL 323526727 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KNIGHT, SHIRLEY
4150 SHADEFARM RD
QUINCY, FL 323526845 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000102238990
05/14/07--01010--015 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerment.

SIGNATURE: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

5-2-07

5/29/07