2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N05000009926

Entity Name: MISSIONARY UNION OF HOLINESS CHURCHES, INC.

Current Principal Place of Business:

222 DORSEY SMITH LN
QUINCY, FL 323526727

New Principal Place of Business:

Current Mailing Address:

222 DORSEY SMITH LN
QUINCY, FL 323526727

New Mailing Address:

FEI Number: 20-3527271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNOX, VIVIAN
198 DORSEY SMITH LANE
QUINCY, FL 323526727 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: P ( ) Delete
Name: SHEPPARD, FLORIA C
Address: 1815 ELM ST.
City-St-Zip: QUINCY, FL 32351

Title: DS ( ) Delete
Name: YOUNG, ESSIE
Address: 934 MILLARD ST.
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: KNOX, ANTHONY SR.
Address: 198 DORSEY SMITH LANE
City-St-Zip: QUINCY, FL 323526727

Title: T ( ) Delete
Name: KNIGHT, SHIRLEY
Address: 4150 SHADEFARM RD
City-St-Zip: QUINCY, FL 323526845

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:

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: ANTHONY L. KNOX, SR. DIRE 05/01/2009
Electronic Signature of Signing Officer or Director — Date