


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90052 010 ****70.00

DOCUMENT # N06000004296

1. Entity Name
**THE WHO SO EVER WILL LET THEM COME
 PENTECOSTAL HOLY CHURCH, INC.**



Principal Place of Business
**7862 1/2 UNTREINER AVE
 PENSACOLA, FL 32534**

Mailing Address
**7862 1/2 UNTREINER AVE
 PENSACOLA, FL 32534**

2. Principal Place of Business - No P.O. Box #
7862 1/2 Untreiner Ave
 Suite, Apt. #, etc.

3. Mailing Address
7862 1/2 Untreiner Ave
 Suite, Apt. #, etc.

City & State
Pensacola, Florida

City & State
Pensacola, Florida

Zip
32534

Country
U.S.



04052007 Chg-NP CR2E037 (12/06)

4. FEL Number
204932688

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**WILLIAMS, MARY
 7862 1/2 UNTREINER AVE
 PENSACOLA, FL 32534**

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

Filing Fee is \$61.25
 Due by May 1, 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 WILLIAMS, MARY 7862 1/2 UNTREINER AVE PENSACOLA, FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KCKEE, MIZELL 7862 1/2 UNTREINER AVE PENSACOLA, FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WILLIAMS, DAVID 7862 1/2 UNTREINER AVE PENSACOLA, FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, ANICEA 7862 1/2 UNTREINER AVE PENSACOLA, FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, CORRIE 7862 1/2 UNTREINER AVE PENSACOLA, FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLENMS, LILLIE 7862 1/2 UNTREINER AVE PENSACOLA, FL 32534	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: Anicea Lee Anicea Lee Secretary 4/6/07 850/432-2926
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #