

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2009
Secretary of State**

DOCUMENT# N06000004296

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

Current Principal Place of Business:

7862 1/2 UNTREINER AVE
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

7862 1/2 UNTREINER AVE
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 20-4932688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARY
7862 1/2 UNTREINER AVE
PENSACOLA, FL 32534 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: WILLIAMS, MARY
Address: 7862 1/2 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: VPT () Delete
Name: MCKEE, MIZELL
Address: 7862 1/2 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: AT () Delete
Name: WILLIAMS, DAVID
Address: 7862 1/2 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: S () Delete
Name: LEE, ANICEA
Address: 7862 1/2 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: AS () Delete
Name: WILLIAMS, CORRIE
Address: 7862 1/2 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: T () Delete
Name: MULLENMS, LILLIE
Address: 7862 1/2 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

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:

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: MARY WILLIAMS

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date