


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N06515 1. Entity Name THE SANTIFIED AND HOLINESS CHURCH OF GOD WITHOUT SPOT OR WRINKLE	
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Principal Place of Business 1217 N.E. 7TH PL. GAINESVILLE, FL 32601	Mailing Address 728 STATENVILLE RD VALDOSTA, GA 31601
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2464037	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BANNISTER, SAM 1217 NE 7TH PLACE GAINESVILLE, FL 32601	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BANNISTER, SAM 1217 NE 7TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERT, PLEMON 811 NE 26TH TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAYS, PERCEY 1025 NW 5TH AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MACK, EARLENE 728 STATENVILLE RD VALDOSTA, GA 31601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANNISTER, SHEILA 804 NE 25TH TERR GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000583617
01/12/07-80004-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Earlene Mack 1-4-07 229-242-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #