

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 040 ****61.25

DOCUMENT # N07000004095



1. Entity Name
COMMUNITY HOUSE OF PRAYER HOLINESS CHURCH, INC.

Principal Place of Business
**5050 N DAVIS HIGHWAY
PENSACOLA, FL 32503**

Mailing Address
**5050 N DAVIS HIGHWAY
PENSACOLA, FL 32503**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

5050 N. Davis Hwy

Suite, Apt. #, etc.

5050 N. Davis Hwy

City & State

Pensacola, Fla

City & State

Pensacola, Fla

Zip
32503

Country

Escambia

Zip
32503

Country

Escambia

07152008

Chg-NP

CR2E037 (12/06)

4. FEI Number

36-4603318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SNOW, MICHAEL L SR
5050 N DAVIS HIGHWAY
PENSACOLA, FL 32503**

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 12, 2008**

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	PT	<input type="checkbox"/> Delete
NAME	PURIFOY, DELORES M	
STREET ADDRESS	703 BOXWOOD DR	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PURIFOY, JOHNNY	
STREET ADDRESS	703 BOXWOOD DR	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SNOW, MICHAEL J SR	
STREET ADDRESS	2146 GLORIA CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENBOE, CAROLYN Y	
STREET ADDRESS	1709 DAUPHINE STREET	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARTHA	
STREET ADDRESS	8250 BRIESE LANE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUSE, LENEATHA	
STREET ADDRESS	8331 RANGER STREET	
CITY-ST-ZIP	PENSACOLA, FL 32534	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snow, Carolyn D	
STREET ADDRESS	2146 Gloria Circle	
CITY-ST-ZIP	Pensacola, Fla 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael J. Snow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #