

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90041 039 ****61.25

DOCUMENT # N09519
 1. Entity Name
ST. PAUL'S HOLINESS CHURCH OF WINTER HAVEN, INC.



Principal Place of Business Mailing Address
P.O. BOX 3340 FVS WINTER HAVEN FL 33881 **P.O. BOX 3340 FVS WINTER HAVEN FL 33881**

49043404



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
2520 4th St. N.E. **P.O. Box 3340 FVS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Haven, FL. **Winter Haven, FL.**

4. FEI Number **05-5060063** Applied For
 Not Applicable

Zip Country Zip Country
33881 America **33881 America**

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

6. Name and Address of Current Registered Agent
HALMAN, JOE
2160 HIGHLAND BLVD.
BARTOW FL 33830

7. Name and Address of New Registered Agent
 Name **Christine Samuel**
 Street Address (P.O. Box Number is Not Acceptable) **5137 Boswell**
5137 Boswell, Road
 City **Spring Hill** FL Zip Code **34608**

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 *Christine Samuel, President* DATE **4/12/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD HALMAN, JOE 2160 HIGHLAND BLVD BARTOW FL 33830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC NAIR, JOHNNIE 2872 BARTOW PLACE BARTOW FL 33830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILL, SR., CLIFFORD L 116 BEACH DR WINTER HAVEN FL 33880 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONDON, JULIA 312 ULRICH AVE NE WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, BYRON 620 WALNUT ST. AUBURNDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDON, HAROLD L 2446 3RD ST NE WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Christine Samuel 5137 Boswell Road Spring Hill, FL. 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lula Bivins 2220 Lucerne Park Road Winter Haven, FL. 33881 <input type="checkbox"/> Change <input checked="" 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	T Edith Cherry 3003 Simpson Drive Bartow, FL. 33830 <input checked="" 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	D Jubert Kerlew 2220 5th Street N.E. Winter Haven, FL. 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Christine Samuel, President* DATE **4/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #