

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 024 ****61.25



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

Principal Place of Business Mailing Address
2520 4TH ST NE **P.O. BOX 3340 FVS**
WINTER HAVEN FL 33881 **WINTER HAVEN FL 33881**



2. Principal Place of Business 3. Mailing Address
2529 4th St. N.E. **P.O. Box 3340 FVS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

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

4. FEI Number Applied For
05-5060063 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
SAMUEL, CHRISTINE
5137 BOSWELL RD
SPRING HILL FL 34608

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: *Christine Samuel* **Christine Samuel/President** DATE: **4/26/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	SAMUEL, CHRISTINE	
STREET ADDRESS	5137 BOSWELL RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC NAIR, JOHNNIE	
STREET ADDRESS	2872 BARTOW PLACE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, SR., CLIFFORD L	
STREET ADDRESS	116 BEACH DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHERRY, EDITH	
STREET ADDRESS	3003 SIMPSON DR	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, BYRON	
STREET ADDRESS	620 WALNUT ST.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERLEW, JUBERT	
STREET ADDRESS	2220 5TH STREET N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

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 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 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* **Christine Samuel/President** DATE: **4/26/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #