

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
 2520 4TH ST NE
 WINTER HAVEN, FL 33881

Mailing Address
 P.O. BOX 3340 FVS
 WINTER HAVEN, FL 33881



02262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
05-5060063 Applied For
 Not Applicable

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000515315
 04/29/06-80197-019 61.25

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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: *Christine Samuel* President