


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 032 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAMUEL, CHRISTINE 5137 BOSWELL RD SPRING HILL, FL 34608				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL, CHRISTINE			NAME	<i>Treasurer Ruby Wilk</i>
STREET ADDRESS	5137 BOSWELL RD			STREET ADDRESS	<i>2876 Dudley Dr.</i>
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP	<i>Bartow, FL 33830</i>
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC NAIR, JOHNNIE			NAME	
STREET ADDRESS	2872 BARTOW PLACE			STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SR., CLIFFORD L			NAME	
STREET ADDRESS	116 BEACH DR			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, EDITH			NAME	
STREET ADDRESS	3003 SIMPSON DR			STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, BYRON			NAME	
STREET ADDRESS	620 WALNUT ST.			STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERLEW, JUBERT			NAME	
STREET ADDRESS	2220 5TH STREET N.E.			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			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: <i>Christine Samuel</i>				Date: <i>4-13-08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	