

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09519

FILED
Jun 01, 2009
Secretary of State

Entity Name: ST. PAUL'S HOLINESS CHURCH OF WINTER HAVEN, INC.

Current Principal Place of Business:

2520 4TH ST NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 05-5060063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMUEL, CHRISTINE
5137 BOSWELL RD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUEL, CHRISTINE
Address: 5137 BOSWELL RD
City-St-Zip: SPRING HILL, FL 34608

Title: S () Delete
Name: MC NAIR, JOHNNIE
Address: 2872 BARTOW PLACE
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: HILL, SR., CLIFFORD L
Address: 116 BEACH DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: WILLIX, RUBY
Address: 2876 DUDLEY DR
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: MCKENZIE, BYRON
Address: 620 WALNUT ST.
City-St-Zip: AUBURNDALE, FL

Title: D () Delete
Name: KERLEW, JUBERT
Address: 2220 5TH STREET N.E.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY WILLIX

SEC

06/01/2009

Electronic Signature of Signing Officer or Director

_____ Date