

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

DOCUMENT # N15121

1. Entity Name

CHAIRES COMMUNITY APOSTOLIC HOLINESS CHURCH,
INC.



Principal Place of Business

5755 CHAIRES CROSSROAD
TALLAHASSEE FL 32301

Mailing Address

5755 CHAIRES CROSSROAD
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1677223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, FREEMAN JR.
392 ROCK ROAD
CRAWFORDVILLE FL 32327

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

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, 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 ☐ Delete
NAME BROWN, JOSEPH
STREET ADDRESS 2616 MISSION RD. #86
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete
NAME HAMMOCK, CASSIE B
STREET ADDRESS 8137 BUCKLAKE RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Delete
NAME BROWN, PATRICIA
STREET ADDRESS 2616 MISSION RD. #86
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete
NAME DAVIS, FREEMAN JR.
STREET ADDRESS 392 ROCK RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700035793427
STREET ADDRESS 05/10/04--01018--006 **122.50
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 APR 29 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E037 (11/03)