2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15121

1. Entity Name CHAIRES COMMUNITY APOSTOLIC HOLINESS CHURCH, INC.



FILED

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JEGRETARY OF STATE

			1000 11		AHASSEE, FLO	RIÑA	
Principal Place of Business 5755 CHAIRES CROSSROAD TALLAHASSEE, FL 32301		Mailing Address 5755 CHAIRES CROSSROAD TALLAHASSEE, FL 32301			222720	MDA	
2. Principal F	Place of Business	3. Mailing Address					
						1911 BIBN B1911 BIB	HIBI EI IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E	037 (10/03)	
City & State		City & State		4. FEI Number 06-167722	3	<u> </u>	oplied For ot Applicable
Ζlp	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Registered	Agent	
DAVIS, FF	REEMAN JR.		Name				
392 ROCK			Street Add	dress (P.O. Box Number Is I	Not Acceptable)		
			City			Zip Code	
					FI	- '	
The above the obligation	named entity submits this statement tions of registered agent.	for the purpose of changing its r	registered office or re	egistered agent, or both, in	the State of Florida. I am	familiar with,	and accept
·	• • • • • • • • • • • • • • • • • • • •						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE		
• • •	Filing Fee is \$61.25	9. Election Cam	paign Financing	\$5.00 May Bo	Make ched	k pavable t	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to	
10.	•	Trust Fund Co		Added to Fees		rtment of Si	tate
TITLE	OFFICERS AND I	Trust Fund Co	11.	Added to Fees	Florida Depa	rtment of Si	tate
TITLE NAME	OFFICERS AND ID BROWN, JOSEPH	Trust Fund Co	Ontribution. 11. TITLE NAME	Added to Fees	Florida Depa	IRECTORS IN	tate
TITLE	OFFICERS AND I	Trust Fund Co	11.	Added to Fees	Florida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS	OFFICERS AND ID BROWN, JOSEPH 2616 MISSION RD. #86	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND II D BROWN, JOSEPH 2616 MISSION RD. #86 TALLAHASSEE, FL 32304 D HAMMOCK, CASSIE B	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Depa	Intrinent of St	1 10 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #