

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

**FILED**

**07-APR 30 PM 2:41**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302007 Chg-NP CR2E037 (12/06) **07**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**06-1677223**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, FREEMAN JR.  
392 ROCK ROAD  
CRAWFORDVILLE, FL 32327**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/07**