

2008 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

08 MAY -7 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05072008 Chg-NP CR2E037 (12/06)

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 _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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 | D | <input type="checkbox"/> Delete |
| NAME | BROWN, JOSEPH | |
| STREET ADDRESS | 2616 MISSION RD. #86 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32304 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMMOCK, CASSIE B | |
| STREET ADDRESS | 8137 BUCKLAKE RD. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, PATRICIA | |
| STREET ADDRESS | 2616 MISSION RD. #86 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32304 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, FREEMAN JR. | |
| STREET ADDRESS | 392 ROCK RD. | |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Freeman Davis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/08
Date

Daytime Phone #

KS