

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24363

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** SOUTHPORT COMMUNITY HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

7538 RAILROAD AVE  
SOUTHPORT, FL 32409 US

**New Principal Place of Business:**

**Current Mailing Address:**

7538 RAILROAD AVE  
SOUTHPORT, FL 32409 US

**New Mailing Address:**

**FEI Number:** 05-0030600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTER, FREDDIE J  
1917 LEIGHANNA LANE  
SOUTHPORT, FL 32409 US

**Name and Address of New Registered Agent:**

PORTER, JAMES F  
1917 LEIGHANNA LANE  
SOUTHPORT, FL 32409 US

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: JAMES F PORTER

03/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: STEPHENS, ROBERT  
Address: 7538 RAILROAD AVE.  
City-St-Zip: SOUTHPORT, FL 32409

Title: DST ( ) Delete  
Name: PORTER, FREDDIE  
Address: 1917 LEIGHANNA LANE  
City-St-Zip: SOUTHPORT, FL 32409

Title: DVC ( ) Delete  
Name: THARP, CALVIN  
Address: 3821 BUNYON DR.  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DST (X) Change ( ) Addition  
Name: PORTER, JAMES F  
Address: 1917 LEIGHANNA LANE  
City-St-Zip: SOUTHPORT, FL 32409

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: JAMES F PORTER

DST

03/27/2008

Electronic Signature of Signing Officer or Director

Date