2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N39543

Entity Name: CONGREGATIONAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

7036 E. ANDREWS ST.
GLEN ST. MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

PO BOX 138
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 59-2260172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, TERENCE M.
486 N. TEMPLE AVE.
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SURRENCY, RONNIE R
Address: P O BOX 432 N/A
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: D ( ) Delete
Name: LYONS, ORAL E REV
Address: P O BOX 138 N/A
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D ( ) Delete
Name: HODGES, DAVID L
Address: RT 5 BOX 7552
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: KIRKMAN, DAVID
Address: 621 WALL ST.
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete
Name: DUGGER, GEORGE R
Address: 8636 CANTON DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: LYONS, ORAL E
Address: P.O.BOX 138 N/A
City-St-Zip: GLEN ST. MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ORAL E. LYONS D 04/21/2009

Electronic Signature of Signing Officer or Director — Date