

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39543

FILED
Apr 30, 2010
Secretary of State

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ORAL E. LYONS

SEC.

04/30/2010

Electronic Signature of Signing Officer or Director

Date