NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/26/2006-90221-010-$70.00-$70.00

DOCUMENT # #N40249

1. Entity Name
Holy Community Church INC

FILED
06 MAY 11 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037B (8/05)

2. Principal Place of Business	3. Mailing Address
24450 Blue star Suite, Apt. #, etc.	P.O. Box 915 Suite, Apt. #, etc.
City & State Quincy, Fl 32351	City & State Quincy Fl
Zip / Country	Zip 32351 / Country Gadsden

4. FEI Number 59-2997551 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Heather Shaw

Street Address (P.O. Box Number is Not Acceptable)
1009 Waverly Rd

City: Tallahasse FL Zip Code: 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended AR

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 P NAME STREET ADDRESS CITY-ST-ZIP	Aes.dent Heather Shaw, 1008 waverly Rd Tallahassee Fl
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Vice Presiden marvin Strongs Armstrong 4916 Hibiscus Tallahassee Fl
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Earstine Williams Secretary P.O. Box 915 Quincy Fl
TITLE SA NAME STREET ADDRESS CITY-ST-ZIP	Heather Shaw secretary 4916 Hibiscus Tallahassee, Fl 32305
TITLE AS NAME STREET ADDRESS CITY-ST-ZIP	DuPont, Deila Ass. Secretary 24450 Blue Star Hwy Quincy, Fl
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Pastor Heather Shaw 04/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams MAY 11 2006