

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40249

1. Entity Name
HOLY COMMUNITY CHURCH INCORPORATED



FILED

07 MAY -8 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

24450 BLUE STAR
QUINCY, FL 32351

Mailing Address

P.O. BOX 915
QUINCY, FL 32351



05072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2997551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, NEATHER ELDER
1009 WEAVERLY RD
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHAW, NEATHER ELDER
STREET ADDRESS 1009 WEAVERLY RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VP
NAME ARMSTRONG, MARVIN S
STREET ADDRESS 4776 HIBISCUS
CITY-ST-ZIP TALLAHASSEE, FL

TITLE S
NAME WILLIAMS, EARSTINE
STREET ADDRESS P.O. BOX 915
CITY-ST-ZIP QUINCY, FL 32351

TITLE ST
NAME SHAW, HEATHER
STREET ADDRESS 4716 HIBISCUS
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE AS
NAME DUPONT, DELIA
STREET ADDRESS 24450 BLUE STAR HWY
CITY-ST-ZIP QUINCY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

B 5/8/07

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05/24/07--01014--003 **70.00

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IN THIS SPACE**

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 *Heather Shaw Neather Shaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-07-07 850-385-1099
Date Daytime Phone #