

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40249

1. Entity Name
HOLY COMMUNITY CHURCH INCORPORATED



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 29 PM 3:44

Principal Place of Business

24450 BLUE STAR
QUINCY, FL 32351

Mailing Address

P.O. BOX 915
QUINCY, FL 32351



04292008 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 May 1, 2008**

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	

900126961769
04/30/08--01002--011 **70.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/08