2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N40249

Entity Name: HOLY COMMUNITY CHURCH INCORPORATED

Current Principal Place of Business:

24450 BLUE STAR
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-2997551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, NEATHER ELDER
1009 WEAVERLY RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

SHAW, NEATHER ELDER
5654 CYPRESS CIRCLE
TALLAHASSEE, FL 32303 US

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: NEATHER ELDER SHAW 03/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHAW, NEATHER ELDER
Address: 1009 WAVERLY RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete
Name: ARMSTRONG, MARVIN S
Address: 4776 HIBISCUS
City-St-Zip: TALLAHASSEE, FL

Title: S ( ) Delete
Name: WILLIAMS, EARSTINE
Address: P.O. BOX 915
City-St-Zip: QUINCY, FL 32351

Title: ST ( ) Delete
Name: SHAW, HEATHER
Address: 4716 HIBISCUS
City-St-Zip: TALLAHASSEE, FL 32305

Title: AS ( ) Delete
Name: DUPONT, DELIA
Address: 24450 BLUE STAR HWY
City-St-Zip: QUINCY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHAW, NEATHER ELDER
Address: 5654 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

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: NEATHER ELDER SHAW P 03/19/2009
Electronic Signature of Signing Officer or Director Date