


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 040 ****61.25

DOCUMENT # N41026	
1. Entity Name MOST HOLY CHURCH IN CHRIST INC.	

Principal Place of Business 5542 MAYO ST. HOLLYWOOD, FL 33021 US	Mailing Address 5542 MAYO ST. HOLLYWOOD, FL 33021 US
--	--

20038811



2. Principal Place of Business 5501 Pembroke Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State Hollywood, Florida		City & State	
Zip 33021	Country U.S.	Zip	Country

4. FEI Number 65-0217638	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent FERGUSON, MAZIE 5542 MAYO ST. HOLLYWOOD, FL 33023	
---	--

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, BENNIE E.	NAME	
STREET ADDRESS	329 SW 15TH ST	STREET ADDRESS	
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, JODY	NAME	
STREET ADDRESS	20521 BW 23 CT	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33056	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, MAE	NAME	
STREET ADDRESS	20521 NW 23 CT	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33056	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, MAZIE	NAME	D Ferguson, MAZIE
STREET ADDRESS	5542 MAYO ST	STREET ADDRESS	5542 MAYO ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SPENCER E	NAME	
STREET ADDRESS	3201 NW 4 STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANTINA, HOLLIS	NAME	
STREET ADDRESS	329 SW 15 ST	STREET ADDRESS	
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4-7-05	305 623-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #