2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N41026 1. Entity Name

FILED May 14, 2007 8:00 am Secretary of State 05-14-2007 90078 019 ****61.25

MOST HOLY CHURCH IN CHRIST INC.				03-14-2007	90078 019 ****01.2.	J	
Principal Plac	co of Business	Mailing Address		7.			
5542 MAYO ST. HOLLYWOOD FL 33021 US		5542 MAYO ST. HOLLYWOOD FL 33021 US					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		7 1951/19) 60 2(88) (19) 85//9	, Neis ein eren eien eien eien eisa ei	IBIII BI IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E037 (10/06)		
City & State		City & State		4. FEI Number 65-02176		pplied For ot Applicable 1	
Zip	Country	Zip	Country	5. Certificate of Status Desired	d S8.75 Add Fee Require		
6. Name and Address of Current Registered		Registered Agent		7. Name and Address of Nev	w Registered Agent		
			Name	Name			
FERGUSON, MAZIE 5542 MAYO ST.			Street Address		(P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33023				·			
	No.		City		FL Zip Cod	le	
	e named entity submits this statement for itions of registered agent.	or the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of	Florida. I am familiar with,	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and little if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE		
					My of the state of the manager of th	NP-18-	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Cam Trust Fund Co	· · · · -		Make Check Payable orida Department of \$		
10.		Trust Fund Co	· · · · -		orida Department of	State	
	Due By May 1, 2007	Trust Fund Co	ontribution.	Added to Fees Flo	orida Department of	State	
110. AND THE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI PD HOLLIS, BENNIE E. 329 SW 15TH ST DANIA FL 33004 VPD FORMAN, JODY 20521 BW 23 CT	Trust Fund Co	11. IIHE NAME SIREEI ADDRESS CITY-SI-ZIP IIHE NAMI: SIREEI ADDRESS	Added to Fees Flo	orida Department of S	State V 10	
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12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early 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 changed, or on an attachment with an address, with all other like empowered.