2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am **Secretary of State** DOCUMENT # N41755 1. Entity Name 03-02-2004 90011 005 ****61.25 SAINT MARY HOLINESS CHURCH IN CHRIST, INC. Principal Place of Business Mailing Address C/O CYRUS SUMPTER, JR. 214 EAST 7TH STREET AVON PARK FL 33825 C/O CYRUS SUMPTER, JR. 214 EAST 7TH STREET AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-8631131 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUMPTER, JR., CYRUS 214 EAST 7TH ST. Street Address (P.O. Box Number is Not Acceptable) **AVON PARK FL 33825** 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SUMPTER, JR., CYRUS NAME NAME 214 7TH ST. STREET ADDRESS STREET ADDRESS **AVON PARK FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☑ Delete TITLE ☐ Addition Faith Glenn 2580 W. Stryker Rd Avon Park, Fl 33825 SLUMPTER, BATHSHENA NAME NAME 214 E 7TH ST STREET ADDRESS STREET ADDRESS AVON PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FLEMING, JAMES' NAME NAME 211 E BOULAH ST STREET ADDRESS STREET ADORESS AVON PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

SIGNATURE:

Date

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