

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 028 ****70.00

DOCUMENT # N41755

1. Entity Name

SAINT MARY HOLINESS CHURCH IN CHRIST, INC.



Principal Place of Business

C/O CYRUS SUMPTER, JR.
214 C LOVE STREET
AVON PARK FL 33825

Mailing Address

C/O CYRUS SUMPTER, JR.
214 C LOVE STREET
AVON PARK FL 33825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-8631131

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMPTER, JR., CYRUS
214 EAST 7TH ST.
AVON PARK FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)

214 C. Love Street

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SUMPTER, JR., CYRUS
STREET ADDRESS 214 7TH ST.
CITY-ST-ZIP AVON PARK FL

TITLE DS ☐ Delete
NAME GLENN, FAITH
STREET ADDRESS 2580 W. STRYKER RD.
CITY-ST-ZIP AVON PARK FL 33825

TITLE DT ☐ Delete
NAME FLEMING, JAMES
STREET ADDRESS 175 N DOVER RD
CITY-ST-ZIP AVON PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 214 C. Love Street
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify 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 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:

Cyrus Sumpter Jr. Cyrus Sumpter Jr.

Date

Daytime Phone #

4-5-06