

**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

Mailing Address

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

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

4. FEI Number

**59-8631131**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

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

*Cyrus Sumpter Jr.*  
Signature typed or printed name of registered agent and title if applicable

*Cyrus Sumpter Jr.*

(NOTE: Registered Agent signature required when reconstituting)

*4-5-06*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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.*

*4-5-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #