


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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-09-2004 90050 007 ****66.25

DOCUMENT # N42039					
1. Entity Name THE PENTECOSTAL HOLINESS CHURCH OF HOMESTEAD, INC.					
Principal Place of Business 22320 SW 114TH AVE GOULDS FL 33170		Mailing Address 22320 SW 114TH AVE GOULDS FL 33170			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0248664	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTON, JOHNNY R 22320-SW-114TH-AVE GOULDS FL 33170			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	WALTON, CORNELIA		NAME		
STREET ADDRESS	22320 SW 114TH AVE <i>pastor</i>		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARIE MAD BALTER, EVONG		NAME	<i>charlie walton jr</i>	
STREET ADDRESS	14980 GARFIELD DRIVE		STREET ADDRESS	<i>22320 S.W 114th Ave</i>	MINISTER
CITY-ST-ZIP	LEISURE CITY FL 33033		CITY-ST-ZIP	<i>Miami Fla 33170</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, JOHNNY		NAME		
STREET ADDRESS	22320 SW 114TH AVE		STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL 33170		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JOE LEE ELDER		NAME		
STREET ADDRESS	750 NW 114 ST		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, RUBBY MOTHER		NAME		
STREET ADDRESS	11420 SW 224 ST		STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL 33170		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Cornelia Walton</i>		Date: <i>Feb 5 2004</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CORNE. 10

Walton pastor