

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42039

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE PENTECOSTAL HOLINESS CHURCH OF HOMESTEAD, INC.

Current Principal Place of Business:

22320 SW 114TH AVE
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

22320 SW 114TH AVE
GOULDS, FL 33170

New Mailing Address:

FEI Number: 65-0248664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, JOHNNY R
22320 SW 114TH AVE
GOULDS, FL 33170 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALTON, CORNELIA
Address: 22320 SW 114TH AVE
City-St-Zip: MIAMI, FL 33170

Title: MIN () Delete
Name: WALTON, CHARLIE JR.
Address: 22320 SW 114 AVE.
City-St-Zip: MIAMI, FL 33170

Title: S () Delete
Name: WALTON, JOHNNY
Address: 22320 SW 114TH AVE
City-St-Zip: GOULDS, FL 33170

Title: MTHR () Delete
Name: WALTON, RUBBY
Address: 11420 SW 224 ST
City-St-Zip: GOULDS, FL 33170

Title: MTHR () Delete
Name: SHEPPARD, ELLEN
Address: 16811 SW 105 AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALTON, CORNELIA
Address: 22320 SW 114TH AVE
City-St-Zip: MIAMI, FL 33170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WALTON, JOHNNY
Address: 22320 SW 114TH AVE
City-St-Zip: GOULDS, FL 33170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIA WALTON

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date