

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N42039

**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