

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90103 001 ****61.25

50057600



DOCUMENT # N48044 1. Entity Name SANDERSON CONGREGATIONAL HOLINESS CHURCH, INC.					
Principal Place of Business 8443 CR 127 NO SANDERSON, FL 32087 US			Mailing Address PO BOX 561 GLEN ST MARY, FL 32040		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2247902	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LYONS, ORAL E. WESTSIDE ST GLEN ST MARY, FL 32040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, ORAL E. <input type="checkbox"/> Delete P.O. BOX 138 N/A WESTSIDE ST GLEN ST. MARY, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST STOKES, VERNICE E. <input type="checkbox"/> Delete P.O. BOX 561 N/A WESTSIDE ST GLEN SAINT MARY, FL 32040				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DANIEL, ROY E <input type="checkbox"/> Delete P O BOX 174 WESTSIDE ST GLEN SAINT MARY, FL 32040				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LYONS, FRANCIS E <input type="checkbox"/> Delete P.O. BOX 8 MUDLAKE RD GLEN ST MARY, FL 32040				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Love, Vernice E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Vernice E Love Vernice E. Love 7/22/05 904-259-3693 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					