

ANNUAL REPORT

DOCUMENT # N94000001033

1. Entity Name
COMMUNITY HOLY CHURCH INCORPORATION



Principal Place of Business
504 N. 24TH STREET
FORT PIERCE, FL 34950

Mailing Address
2711 AVE "F"
FORT PIERCE, FL 34947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0556547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, JAMES REV
2711 AVE "F"
FORT PIERCE, FL 34947

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EDMONDS, SHORLEY	
STREET ADDRESS	6906 SANTA CLARA BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, ALMA	
STREET ADDRESS	2711 AVE "F"	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, LARRY	
STREET ADDRESS	110 S. 24TH ST.	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NOBLE, FRANKLIN	
STREET ADDRESS	109 CAMELOT DR.	
CITY-ST-ZIP	FT. PIERCE, FL 34947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMS, RITA	
STREET ADDRESS	3010 N 25TH ST	
CITY-ST-ZIP	FORT PIERCE, FL 349	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alma Barnes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deatrice Barnes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Roseway	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

James Barnes

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90045 024 ****61.25

