

2005 ANNUAL REPORT

DOCUMENT # N94000001033

1. Entity Name
COMMUNITY HOLY CHURCH INCORPORATION



FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 024 ****70.00

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

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

Community

2. Principal Place of Business

504 N. 24th. Street.

3. Mailing Address

REV. James Barnes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL. PIERCE FL.

2711 AVE "F"

City & State

FL. PIERCE FL.

Zip
34950

Country
USA

Zip
34947

Country
USA

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

REV. James Barnes

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

(NOTE: Registered Agent signature required when reinstating)

04/29/05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EDMONDS, SHORLEY
6906 SANTA CLARA BLVD
FORT PIERCE, FL 34951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNES, ALMA
2711 AVE "F"
FORT PIERCE, FL 34947 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LONG, LARRY
110 S. 24TH ST.
FT. PIERCE, FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
NOBLE, FRANKLIN
109 CAMELOT DR.
FT. PIERCE, FL 34947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMMS, RITA
3010 N 25TH ST
FORT PIERCE, FL 349 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Alma Barnes

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Deatrice Barnes

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

James Barnes