## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001033

FILED Jul 06, 2006 Secretary of State

**Entity Name: COMMUNITY HOLY CHURCH INCORPORATION** 

**Current Principal Place of Business: New Principal Place of Business:** 

504 N. 24TH STREET FORT PIERCE, FL 34950

**Current Mailing Address: New Mailing Address:** 

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

FEI Number: 65-0556547 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNES, JAMES REV 2711 AVE "F" BARNES, JAMES REV 2711 AVE

FORT PIERCE, FL 34947 FORT PIERCE, FL 34947 US US

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: 07/06/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete () Change () Addition

BARNES', ALMA Name: Name: 2711 AVE Address: Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition BARNES, DEATRICE Name: Name: BARNES, DEATRICE

Address: 110 S. 24TH ST. Address: 805N27TH.ST City-St-Zip: FT. PIERCE, FL 34950 City-St-Zip: FT. PIERCE, FL 34947

Title: () Delete Title: (X) Change ( ) Addition

ROSEWAY, R. Name: HARRIS, ALMA J Name: 1018 FULLWOOD AVE Address: 109 CAMELOT DR. Address: City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: CRESCENT CITY, FL 32112 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALMA BARNES S 07/06/2006