2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# N94000001033

Entity Name: COMMUNITY HOLY CHURCH INCORPORATION

Current Principal Place of Business:

504 N. 24TH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

REV. JAMES BARNES
2711 AVE
FORT PIERCE, FL 34947

New Mailing Address:

REV. JAMES BARNES
2711 AVE. F
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:

BARNES, JAMES REV
2711 AVE
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

BARNES, JAMES REV
2711 AVE. F
FORT PIERCE, FL 34947 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: _____ 07/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BARNES', ALMA
Address: 2711 AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: BARNES, DEATRICE
Address: 805N27TH.ST
City-St-Zip: FT. PIERCE, FL 34947

Title: T ( ) Delete
Name: HARRIS, ALMA J
Address: 1018 FULLWOOD AVE
City-St-Zip: CRESCENT CITY, FL 32112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: BARNES', ALMA
Address: 2711 AVE. F
City-St-Zip: FORT PIERCE, FL 34947

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: ALMA BARNES OFFI 07/23/2009
Electronic Signature of Signing Officer or Director — Date