

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001791

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: FAITH CHAPEL HOLINESS CHURCH, INC

## Current Principal Place of Business:

6320 MOBILE HWY.  
PENSACOLA, FL 32526

## New Principal Place of Business:

## Current Mailing Address:

6320 MOBILE HWY.  
PENSACOLA, FL 32526

## New Mailing Address:

FEI Number: 59-3109452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, JOHN H BIS  
6320 MOBILE HWY.  
PENSACOLA, FL 32526 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KENNBROW, DEBORAH  
Address: 6322 MOBILE HWY  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: BAKER, ALYCE F  
Address: 8610 MATCH ST.  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: BAKER, REGINA M  
Address: 431 E. ENSLEY ST.  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: BAKER, CASSANDRA  
Address: 431 E. ENSLEY ST.  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: PATE, ANTHONY  
Address: 6811 MELANIE DR.  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: PATE, ANN  
Address: 6811 MELANIE DR.  
City-St-Zip: PENSACOLA, FL 32505

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JOHN H. BAKER

BIS

04/13/2006

Electronic Signature of Signing Officer or Director

Date