2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N95000001791

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 04/11/2007

Electronic Signature of Signing Officer or Director — Date