## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # N97000007046 1. Entity Name 04-21-2004 90062 009 \*\*\*\*61.25 OLD PATHS HOLINESS CHURCH, INC. Principal Place of Business Mailing Address 37476 KINGS FERRY RD. 37476 KINGS FERRY RD. HILLIARD FL 32046 HILLIARD FL 32046 2. Principal Place of Business 3. Mailing Address 37499 Eastwood Rd. 37476 Kings Ferry Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Hilliard, Hilliard, FL 65-0800231 Not Applicable Zip Country 320<sup>6</sup>46 \$8.75 Additional 5. Certificate of Status Desired 32046 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREWS, STEVEN D Street Address (P.O. Box Number is Not Acceptable) 37476 KINGS FERRY RD. HILLIARD FL 32046 Zip Code FL 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. <u>D. Steven Crews, Chairman</u> 4 - 20 - 04**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TRD TITLE ☐ Delete TITLE ☐ Change Addition CREWS, CHESTER T NAME: NAME 37476 KINGS FERRY RD. STREET ADDRESS STREET ADDRESS HILLIARD FL 32046 CITY-ST-ZIP CITY-ST-ZIP CTRD JIŤLE ☐ Delete TITLE Change Change Addition CREWS, D. STEVEN NAME NAME 37476 KINGS FERRY RD. STREET ADDRESS STREET ADDRESS HILLIARD FL 32046 CITY-ST-ZIP CITY-ST-7IP TRD TITLE X Delete TITLE Change Addition SIKES, CLYDE William E. Sikes NAME NAME **18215 SIKES RD** 812 S Third St. STREET ADDRESS STREET ADDRESS HILLIARD FL 32046 Folkston, GA 31537 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP 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.

FILED

D. Steven Crews 4-20-04 (904)845-3409 SIGNATURE: