


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90385 050 \*\*\*\*61.25

<b>DOCUMENT # N97000007046</b> 1. Entity Name <b>OLD PATHS HOLINESS CHURCH, INC.</b>					
Principal Place of Business <b>37499 EASTWOOD RD HILLIARD FL 32046</b>			Mailing Address <b>37476 KINGS FERRY RD. HILLIARD FL 32046</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0800231</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CREWS, STEVEN D 37476 KINGS FERRY RD. HILLIARD FL 32046</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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.					
SIGNATURE <i>Steven Crews</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>D. Steven Crews, Chairman</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4-14-05</b> <small>DATE</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TRD: <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREWS, CHESTER T		NAME		
STREET ADDRESS	37476 KINGS FERRY RD.		STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL 32046		CITY-ST-ZIP		
TITLE	CTR: <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREWS, D. STEVEN		NAME		
STREET ADDRESS	37476 KINGS FERRY RD.		STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL 32046		CITY-ST-ZIP		
TITLE	TRD: <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLES, WILLIAM E		NAME	William E. Sikes	
STREET ADDRESS	812 THIRD ST		STREET ADDRESS	812 S. Third St.	
CITY-ST-ZIP	FOLKSTON GA 31537		CITY-ST-ZIP	Folkston, GA 31537	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <i>D. Steven Crews</i>		<b>D. Steven Crews, Chairman 4-14-05 (904)607-3201</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	