


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90152 044 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N97000007046</b>                           |  |  |
| 1. Entity Name<br><b>OLD PATHS HOLINESS CHURCH, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>37499 EASTWOOD RD<br/>HILLIARD FL 32046</b> | Mailing Address<br><b>37476 KINGS FERRY RD.<br/>HILLIARD FL 32046</b> |
|---|---|

|                                |         |   |                           |
|--------------------------------|---------|---|---------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>37499 Eastwood Rd.</b> |                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                             |                           |
| City & State                   |         | City & State<br><b>Hilliard, FL</b>             |                           |
| Zip                            | Country | Zip<br><b>32046</b>                             | Country<br><b>Florida</b> |



1st MOORE CR2E037 (10/05)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>65-0800231</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>CREWS, STEVEN D<br/>37476 KINGS FERRY RD.<br/>HILLIARD FL 32046</b> |  | 7. Name and Address of New Registered Agent        |          |
|   |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | Zip Code |

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 **D. Steven Crews, chairman** **D. Steven Crews, chairman** **4-19-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TRD<br>CREWS, CHESTER T<br>37476 KINGS FERRY RD.<br>HILLIARD FL 32046 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CTRD<br>CREWS, D. STEVEN<br>37476 KINGS FERRY RD.<br>HILLIARD FL 32046 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TRD<br>SIKES, WILLIAM E<br>812 S THIRD ST<br>FOLKSTON GA 31537 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **D. Steven Crews** **D. Steven Crews** **4-19-06** (904) 607-3201