

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90206 022 \*\*\*\*61.25

**DOCUMENT # N97000007046**

1. Entity Name

OLD PATHS HOLINESS CHURCH, INC.



Principal Place of Business

37499 EASTWOOD RD  
HILLIARD FL 32046

Mailing Address

37499 EASTWOOD RD  
HILLIARD FL 32046

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

CREWS, STEVEN D.  
37476 KINGS FERRY RD.  
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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*

**D. Steven Crews, Chairman**

**4-17-07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TRD  
CREWS, CHESTER T  
37476 KINGS FERRY RD.  
HILLIARD FL 32046 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CTR  
CREWS, D. STEVEN  
37476 KINGS FERRY RD.  
HILLIARD FL 32046 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TRD  
SIKES, WILLIAM E  
812 S THIRD ST  
FOLKSTON GA 31537 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TR D  
Paul J. Guthrie  
724 Chatfield Rd.  
Wray, GA 31798 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ 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**

**4-17-07**

**(904) 607-3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #