

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007046

FILED
Apr 17, 2009
Secretary of State

Entity Name: OLD PATHS HOLINESS CHURCH, INC.

Current Principal Place of Business:

37499 EASTWOOD RD
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

37499 EASTWOOD RD
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 65-0800231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: D. STEVEN CREWS , CHAIRMAN

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRD () Delete
Name: CREWS, CHESTER T
Address: 37476 KINGS FERRY RD.
City-St-Zip: HILLIARD, FL 32046

Title: CTRD () Delete
Name: CREWS, D. STEVEN
Address: 37476 KINGS FERRY RD.
City-St-Zip: HILLIARD, FL 32046

Title: TRD () Delete
Name: GUTHRIE, PAUL J
Address: 724 CHATFIELD RD
City-St-Zip: WRAY, GA 31798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CREWS, CHESTER T TD
Address: 37476 KINGS FERRY RD.
City-St-Zip: HILLIARD, FL 32046

Title: CTD (X) Change () Addition
Name: CREWS, D. STEVEN CTD
Address: 37476 KINGS FERRY RD.
City-St-Zip: HILLIARD, FL 32046

Title: TD (X) Change () Addition
Name: GUTHRIE, PAUL J TD
Address: 724 CHATFIELD RD
City-St-Zip: WRAY, GA 31798

I hereby certify that the information supplied with this filing does not qualify 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: D. STEVEN CREWS

CTD

04/17/2009

Electronic Signature of Signing Officer or Director

Date