

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001527

FILED
Feb 24, 2009
Secretary of State

Entity Name: HOLIDAY COMMUNITY FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

5144 SUNRAY DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5144 SUNRAY DR
HOLIDAY, FL 34690

New Mailing Address:

5144 SUNRAY DRIVE
HOLIDAY, FL 34690

FEI Number: 59-3501680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOSTER, STELLA
3320 ROCK VALLEY DR
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WOOSTER, STELLA
Address: 3320 ROCK VALLEY DR
City-St-Zip: HOLIDAY, FL 34691

Title: CD () Delete
Name: BENDER, KENNETH
Address: 5334 BAROQU DR
City-St-Zip: HOLIDAY, FL 34690

Title: SD () Delete
Name: BISCHOFF, CAROL
Address: 1955 TUMBLEWEED
City-St-Zip: HOLIDAY, FL 34690

Title: VCD () Delete
Name: SCHEEL, EARL
Address: 3526 ODOM DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Delete
Name: CUTLER, MARCIA
Address: 3927 BADEN DR
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WOOSTER, STELLA A
Address: 3320 ROCK VALLEY DR
City-St-Zip: HOLIDAY, FL 34691

Title: VCD (X) Change () Addition
Name: MILHOLIN, CLARK
Address: 2715 JOANN PLACE
City-St-Zip: HOLIDAY, FL 34691 32

Title: SD (X) Change () Addition
Name: BISCHOFF, CAROL
Address: 1955 TUMBLEWEED
City-St-Zip: HOLIDAY, FL 34690

Title: SD (X) Change () Addition
Name: CUTLER, MARCIA
Address: 3927 BADEN DR
City-St-Zip: HOLIDAY, FL 34691

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STELLA A. WOOSTER

CD

02/24/2009

Electronic Signature of Signing Officer or Director

Date