

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006526

FILED  
May 10, 2007  
Secretary of State

**Entity Name:** HOLLINGSWORTH MINISTRIES, INC.

**Current Principal Place of Business:**

2155 PINEWOODS CIRCLE  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

2155 PINEWOODS CIR.  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 59-3555825      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOLLINGWORTH, RICK  
2155 PINEWOOD CIRCLE  
NAPLES, FL 34105      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: PD      ( ) Delete  
Name: HOLLINGSWORTH, RICK  
Address: 2155 PINEWOODS CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: SD      ( ) Delete  
Name: HOLLINGSWORTH, CYNTHIA  
Address: 2155 PINEWOODS CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: DO      ( ) Delete  
Name: DELONG, ANDREW  
Address: 2132 SHADOWLAWN DRIVE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: RICK HOLLINGSWORTH

PRES

05/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date