2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
03-27-2006 90285 001 *****8.75
03-27-2006 90285 002 ****61.25

66009794

DOCUMENT # N99000001223

1. Entity Name
CHRISTIAN CHURCH OF HOLIDAY, INC.

Principal Place of Business	Mailing Address
5724 SR 54 NEW PORT RICHEY, FL 34652	5724 SR 54 NEW PORT RICHEY, FL 34652

01112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CHARLES
4178 HIGHLAND LOOP
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name NANCY ALLYN
Street Address (P.O. Box Number is Not Acceptable)
1102 ISLAND AVE
City TARPON SPRINGS FL Zip Code 34689

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 NANCY ALLYN Nancy Allyn 4/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SHULER, HAROLD 4699 CONTINENTIAL DR #315 HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDT GREENWOOD, JAMES 5212 WHIPPOORWILL DRIVE HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDT THOMAS, JAMES 5324 PEACOCK DRIVE HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIS, FAYETTA 5236 PEACOCK DR G-1 HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, CHARLES 4178 HIGHLAND LOOP NEW PORT RICHEY, FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NANCY ALLYN 1102 ISLAND AVE TARPON SPRINGS FL 34689	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 Chapter 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: Harold Shuler 3-19-06 727 815 8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #