

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90002 024 \*\*\*\*61.25

**DOCUMENT # N99000001223**

1. Entity Name  
CHRISTIAN CHURCH OF HOLIDAY, INC.



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

Mailing Address  
5724 SR 54  
NEW PORT RICHEY, FL 34652

40042903



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLYN, NANCY  
1102 ISLAND AVE  
TARPON SPRINGS, FL 34689

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ED  
SHULER, HAROLD  
4699 CONTINENTAL 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  
EDT  
GEORGE DOW  
5534 MAGNOLIA WAY  
NEW PORT RICHEY, FL 34652 ☐ 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  
S  
ELSIE HARRELL  
5371 PEACOCK DR  
HOLIDAY, FL 34690 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
ALLYN, NANCY  
1102 ISLAND AVE  
TARPON SPRINGS, FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*X Harold H. Shuler, Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #