

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90050 033 \*\*\*\*61.25

**DOCUMENT # N99000002101**

1. Entity Name

DOVER PENTECOSTAL HOLINESS CHURCH, INC.



Principal Place of Business

14150 HOLINESS CHURCH RD  
DOVER FL 33527

Mailing Address

14150 HOLINESS CHURCH RD  
DOVER FL 33527

2. Principal Place of Business

3. Mailing Address

P.O. Box 1019

Suite, Apt. #, etc.

City & State  
DOVER, FL

Zip  
33527

Country

4. FEI Number

59-3616805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALHOUN, JOHN  
14150 HOLINESS CH RD  
DOVER FL 33527

7. Name and Address of New Registered Agent

Name Shirley Dispennette  
Street Address (P.O. Box Number is Not Acceptable)  
1803 golfview DR SO  
PLANT CITY FL 33567

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 Shirley Dispennette Church Treasurer  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/9/04  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE RA  
NAME CALHOUN, JOHN ☐ Delete  
STREET ADDRESS 14150 HOLINESS CH RD  
CITY-ST-ZIP DOVER FL 33527

TITLE T  
NAME RAUBERSON, HOLLIS ☒ Delete  
STREET ADDRESS 2706 E BLOOMINGDAL AVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE T  
NAME DAVIES, JUAN M ☒ Delete  
STREET ADDRESS 3329 MCSMITH RD  
CITY-ST-ZIP DOVER FL 33527

TITLE T  
NAME FAWTER, DONALD C ☐ Delete  
STREET ADDRESS 5210 KEENE DR  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PASTOR ☒ Change ☐ Addition  
NAME CALHOUN, JOHN  
STREET ADDRESS 14150 HOLINESS CH RD  
CITY-ST-ZIP DOVER, FL 33527

TITLE DEACON ☒ Change ☐ Addition  
NAME RAUBERSON, HOLLIS  
STREET ADDRESS 2706 E BLOOMINGDAL AVE  
CITY-ST-ZIP VALRICO, FL 33594

TITLE TREASURER RA ☒ Change ☒ Addition  
NAME SHIRLEY DISPENNETTE  
STREET ADDRESS 1803 GOLFVIEW DR SO  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE TRUSTEE BOARD MEMBER ☒ Change ☐ Addition  
NAME FOWLER, DONALD  
STREET ADDRESS 5210 KEENE DR  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: Shirley Dispennette Shirley Dispennette 2/9/04 (813) 759-0646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #