

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002101

FILED
Apr 19, 2008
Secretary of State

Entity Name: DOVER PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

14150 HOLINESS CHURCH RD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1019
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-3616805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DPHC
14150 HOLINESS CHURCH RD
DOVER, FL 33527 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: P () Delete
Name: DPHC,
Address: 14150 HOLINESS CH RD
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: RAULERSON, HOLLIS
Address: 2706 E BLOOMINGDALE AVE.
City-St-Zip: VALRICO, FL 33594

Title: BM () Delete
Name: DAWES, IVAN
Address: 10510 FIRE OAK COURT
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: WILSON, DEBORAH K
Address: 8203 FERNVALE STREET
City-St-Zip: RIVERVIEW, FL 33569

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:

Title: T (X) Change () Addition
Name: WILSON, DEBORAH K
Address: 8203 FERNVALE STREET
City-St-Zip: RIVERVIEW, FL 33578

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: DEBORAH K WILSON

T

04/19/2008

Electronic Signature of Signing Officer or Director

Date