

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002101

FILED  
Apr 11, 2012  
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  
Name: DPHC  
Address: 14150 HOLINESS CH RD  
City-St-Zip: DOVER, FL 33527

Title: T  
Name: RICHARDS, SHARON  
Address: 3855 SUMNER RD  
City-St-Zip: DOVER, FL 33527

Title: T  
Name: DISPENNETTE, JUDY  
Address: 4321 WOODSTOCK BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TT  
Name: FOX, MICHAEL  
Address: 2115 DARLINGTON OAK DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: TT  
Name: HACKETT, ROBBIE  
Address: 11805 FAWN DALE DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: TT  
Name: FOWLER, DONALD  
Address: 5210 KEENE DR  
City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: AMY L MARTIN

CPA

04/11/2012

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

\_\_\_\_\_  
Date