

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90034 043 \*\*\*\*70.00

**DOCUMENT # N99000005833**

1. Entity Name  
**HEAVENLY STARS OF CHRIST SABBATH KEEPERS  
CHURCH, INC.**



Principal Place of Business  
**813 N 13TH STREET  
FORT PIERCE, FL 34950**

Mailing Address  
**100 CAMELOT DRIVE  
FORT PIERCE, FL 34946**

**50066158**



09022005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0993578**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JOHNSON, JAMES  
100 CAMELOT DRIVE  
FORT PIERCE, FL 34946**

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
JOHNSON, DIANE  
100 CAMELOT DRIVE  
FORT PIERCE, FL 34946**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
JOHNSON, BISHOP JAMES  
100 CAMELOT DRIVE  
FORT PIERCE, FL 34946**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, C W  
5943 NW REBA CIRCLE  
PORT ST. LUCIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SMITH, SHIRLEY  
5943 NW REBA CIRCLE  
PORT ST. LUCIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #