

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002478

Entity Name: FIRST COMMUNITY HOLINESS CHURCH, INC.**Current Principal Place of Business:**10634 HIGHWAY 229 NORTH
SANDERSON, FL 32087**Current Mailing Address:**P.O.BOX 346
SANDERSON, FL 32087**FEI Number:** 20-1100429**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GIVENS, VICKEY A
10634 HIGHWAY 229 NORTH
SANDERSON, FL 32087 US*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**Officer/Director Detail :**

Title	PMD
Name	GIVENS, VICKEY A
Address	10634 HIGHWAY 229 NORTH
City-State-Zip:	SANDERSON FL 32087

Title	TD
Name	STEWART, LOUIS
Address	9995 CR 229 NORTH
City-State-Zip:	SANDERSON FL 32087

Title	D
Name	GIVENS, KELTON A
Address	10634 HIGHWAY 229 NORTH
City-State-Zip:	SANDERSON FL 32087

Title	VPDS
Name	GIVENS, MARIE M
Address	10634 HIGHWAY 229 NORTH
City-State-Zip:	SANDERSON FL 32087

Title	D
Name	GIVENS, TARRECE D
Address	1340 SOUTHWEST INDIAN GLEN
City-State-Zip:	LAKE CITY FL 32025

Title	D
Name	O'NEAL-GIVENS, KEONA
Address	1340 SOUTHWEST INDIAN GLEN
City-State-Zip:	LAKE CITY FL 32025

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: VICKEY A. GIVENS

PMD

03/06/2019

Electronic Signature of Signing Officer/Director Detail_____
Date