

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 762621**

1. Entity Name

FAITH HOLINESS CHURCH OF POLK COUNTY, INC.

Principal Place of Business  
 1480 WEIBERG ROAD  
 DUNDEE FL 33838

Mailing Address  
 PO BOX 487  
 DUNDEE FL 33838  
 US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2469612

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, WILBURN F  
 203 WEIBERG RD.  
 P O BOX 487  
 DUNDEE FL 33838

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD  Delete  
 NAME: THOMPSON, SANDRA A  
 STREET ADDRESS: 203 WEIBERG RD.  
 CITY-ST-ZIP: DUNDEE FL

Change  Addition  
 U00000665279  
 03/23/07-80021-023 61.25

TITLE: PD  Delete  
 NAME: THOMPSON, WILBURN F  
 STREET ADDRESS: 203 WEIBERG RD.  
 CITY-ST-ZIP: DUNDEE FL

Change  Addition

TITLE: SD  Delete  
 NAME: THOMPSON, EUGENE N  
 STREET ADDRESS: 1854 GUATEMALA BLVD  
 CITY-ST-ZIP: WINTER HAVEN FL 33881

Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sandra A. Thompson*

*Feb 7/07*

*863-439-2106*