FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 748147

THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL H OUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRA

Principal Place of Business 242 W 17 ST JACKSONVILLE FL 32206

Principal Place of Business 2,42, W17, M

Mailing Address

242 SW 17 ST

JACKSONVILLE FL 32206

26 242W17St

2a. Mailing Address

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90100 031 ****70.00



3. Date Incorporated or Qualifed

07/20/1979

Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Applied For Not	211 -0.7		20 0 17 0			<u>,</u>				
Any State 37 2 0 b County 29 County 30 State 31 Name 32 State 33 State 34 City 35 State 36 Street Address of New Registered Agent 37 Street Address (P.O. Box Number is Not Acceptable) 38 Street Address (P.O. Box Number is Not Acceptable) 39 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 33 Street Address (P.O. Box Number is Not Acceptable) 34 City 35 Street Address (P.O. Box Number is Not Acceptable) 35 Street Address (P.O. Box Number is Not Acceptable) 36 City 37 Street Address (P.O. Box Number is Not Acceptable) 38 Street Address (P.O. Box Number is Not Acceptable) 39 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 31 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 33 Street Address (P.O. Box Number is Not Acceptable) 34 City 35 Street Address (P.O. Box Number is Not Acceptable) 35 Street Address (P.O. Box Number is Not Acceptable) 36 City 37 Street Address (P.O. Box Number is Not Acceptable) 37 Street Address (P.O. Box Number is Not Acceptable) 38 Street Address (P.O. Box Number is Not Acceptable) 39 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 37 Str	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	0, 00 0	,	4. FEI Number		 		
29 Country	22 Jack	warll Ha	27 Jackson	4 71	يە	INUI AFFLICABLE				
Page		A.\ 0	— — — ·	6	. o .	5. Certificate of Status Desired				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name CLARK, EVANG ETHEL E. 242 W 17 ST JACKSONVILLE FL 32206 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 15. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the aboven-emend corporation submits this statement for the purpose of changing its registered agent, and standing with, and accept the obligations of, Section 617 0503, Florida Statutes, Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box	23 <i>32 2 .</i>	Ob Would	28 32906	Ully	<u> </u>					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am marrial with, and accept the elipsiciance of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am marrial with, and accept the elipsiciance of Section 17,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am marrial with, and accept the eclipsical corporation's board of directors. I hereby accept the appointment as registered agent. I am marrial with, and accept the eclipsical corporation's board of directors. I hereby accept the appointment as registered agent. I am marrial with a marrial with a floridation of the provision of Section 17, 1505, Plorida Statutes. SIGNATURE Support to the provision of Section 617,0502 and 617,1508, Florida Statutes. SIGNATURE Support to the provision of Section 617,0502 and 617,1508, Florida Statutes. SIGNATURE Support to the provision of Section 617,0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 113. TITLE CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 113. TITLE CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE JACKSONVILLE FL. CLARK STATE ACCESS 113. TITLE CHANGES CHANGES 113. TITLE CHANGES CHA	Zip	Country	<u> </u>	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			س17	•	• 1	
CLARK, EVANG ETHEL E. 242 W 17 ST JACKSONVILLE FL 32206 88 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-and corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and the ministration with, and accept the obligations of, Section 617,6503, Florida Statutes, the above-and corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and the provision of Section 617,6503, Florida Statutes. SIGMATURE Suprimor Agent stimutes registered agent with a statement for the purpose of changing its registered agent, are both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, are both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such changes Statutes. 12.	24	·)			<u> </u>		Fees	
CLARK, EVANG ETHEL E. 242 W 17 ST JACKSONVILLE FL 32206 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes. The above-hemed corporation submits this statement for the purpose of changing its registered agent. are familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. The above-hemed corporation's board of directors: I hereby accept the population of Section 617 0503, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE DO Suprimum Vipulation of Sections 617 0502 and 617 1508, Florida Statutes. SIGNATURE Suprimum Vipulation of Sections 617 0502 and 617 0502 a		9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered	Agent		
242 W 17 ST JACKSONVILLE FL 32206 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1506, Florida Statutues, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the originations of, Section 617,0503, Florida Statutues, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the originations of, Section 617,0503, Florida Statutues, the above-nemed corporation's board of directors: I hereby accept the appointment as registered agent. Lam familiar with, and accept the originations of, Section 617,0503, Florida Statutues, the above-nemed corporation's board of directors: I hereby accept the appointment as registered agent. Lam familiar with an accept the original strength of the purpose of changing its registered agent. Lam familiar with an accept the original strength of the purpose of changing its registered agent. Lam familiar with an accept the original strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a remarking w				81 Na	me	•			ł	
242 W 17 ST JACKSONVILLE FL 32206 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1506, Florida Statutues, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the originations of, Section 617,0503, Florida Statutues, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the originations of, Section 617,0503, Florida Statutues, the above-nemed corporation's board of directors: I hereby accept the appointment as registered agent. Lam familiar with, and accept the originations of, Section 617,0503, Florida Statutues, the above-nemed corporation's board of directors: I hereby accept the appointment as registered agent. Lam familiar with an accept the original strength of the purpose of changing its registered agent. Lam familiar with an accept the original strength of the purpose of changing its registered agent. Lam familiar with an accept the original strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a strength of the appointment as registered agent. Lam familiar with a remarking w	CLARK, EVANG ETHEL E.				82 Street Address (P.O. Box Number is Not Acceptable)					
### DELETE	, , , , , , , , , , , , , , , , , , ,									
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0502, Florida Statutes. SIGNATURE	JACKSONVILLE FL 32206								-	
T. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or how and accept the obligations of, Section 817 0503, Florida Statutes. SIGNATURE S				94 6				95 Zin C	ode	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502. Florida Statutes. SIGNATURE Signature Type of symbol hourse of registered to be a focus of process. Florida Statutes. SIGNATURE Signature Type of symbol registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502. Florida Statutes. SIGNATURE SIGNATUR				D4 CII	y		FL	_ 65 2.5 °		
12.	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE ETHELE CLARK EVANGE 2 - 25-99									
NAME CLARK, ETHEL E., EVANG. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL JACKSONVILLE F	12.			13.		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12	
STREET ADDRESS CITY-ST-ZIP	TITLE	PD .	☐ DELETE	1.1 TITLE	<u> </u>	, ,		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	NAME	CLARK, ETHEL E., EVANG.	1	1.2 NAME	Ì				[
CITY_ST_ZIP		A A MEAT ATTIL ATREET		1.3 STREET ADDR	ESS				1	
TITLE		h		1.4 CITY- ST-7IP	1					
NAME MARTIN, MINNIE LEE 22 NAME 37 STREET ADDRESS 1553 MT. HERMAN 23 STREET ADDRESS 1553 MT. HERMAN 23 STREET ADDRESS 1513 MT. HERMAN 24 ACTY-ST-ZIP 17			☐ DELETE					Change	Addition	
STREET ADDRESS 1553 MT. HERMAN 23 STREET ADDRESS 2.4 CITY-ST-ZIP		, , ,		2.2 NAME	ļ					
CITY-ST-ZIP				ŀ	ess				٠ ا	
TID										
NAME BURTON, MAGGIE LEE 32 NAME 33 STREET ADDRESS 1513 DON CASTER AVENUE 33 STREET ADDRESS 34 CITY-ST-ZIP JACKSONVILLE FL 11 TITLE Change Addition Addit			□ DELETE					Change	Addition	
STREET ADDRESS 1513 DON CASTER AVENUE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS		1 '							_	
CITY-ST-ZIP JACKSONVILLE FL D DELETE 4.1 TITLE NAME SMITH, PEARLENA C. STREET ADDRESS 3617 ARDISIA RD. JACKSONVILLE FL JACKSONVILLE FL D DELETE 5.1 TITLE D Change Addition AMME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL Change Addition Change Addition Addition ANDREWS, ESTELLER H STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL CHANGE CHANGE ADDRESS GITY-ST-ZIP Addition Change Addition Addition Addition ADDREWS, ESTELLER H STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL CHANGE ADDRESS GITY-ST-ZIP Addition										
TITLE D DELETE 4.1 TITLE Change Addition NAME SMITH, PEARLENA C. 4.2 NAME STREET ADDRESS 3617 ARDISIA RD. 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 4.4 CITY-ST-ZIP TITLE D DALLAS, MAGGIE J. 5.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 5.4 CITY-ST-ZIP TITLE SD DELETE 6.1 TITLE NAME ANDREWS, ESTELLER H 6.2 NAME STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL 6.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 6.3 STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL 6.3 STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL 6.3 STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP	STREET ADDRESS				ESS	^				
NAME SMITH, PEARLENA C. STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL DELETE JACKSONVILLE FL JACKSONVILLE FL DELETE S1 TITLE DALLAS, MAGGIE J. STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL S1 STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL G1 TITLE SD DELETE G1 TITLE SD ANDREWS, ESTELLER H STREET ADDRESS G17Y-ST-ZIP JACKSONVILLE FL G3 STREET ADDRESS G17Y-ST-ZIP JACKSONVILLE FL G3 STREET ADDRESS G17Y-ST-ZIP JACKSONVILLE FL G3 STREET ADDRESS G4 FERN STREET G3 STREET ADDRESS G4 CITY-ST-ZIP JACKSONVILLE FL G4 CITY-ST-ZIP		 	[] DELETE					Chance	☐ Addition	
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL STREET ADDRESS CITY-ST-ZIP ANDREWS, ESTELLER H STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL G.3 STREET ADDRESS G.17Y-ST-ZIP JACKSONVILLE FL G.3 STREET ADDRESS G.4 CITY-ST-ZIP JACKSONVILLE FL G.5 STREET ADDRESS G.7 ST-ZIP JACKSONVILLE FL G.7 ST-ZIP JACKSONVILLE FL G.8 STREET ADDRESS G.7 ST-ZIP JACKSONVILLE FL G.8 STREET ADDRESS G.7 ST-ZIP JACKSONVILLE FL G.7 ST-ZIP JACKSONVILLE FL G.8 STREET ADDRESS G.7 ST-ZIP JACKSONVILLE FL G.7 ST-ZIP			T DETEIR		1			M Augusta		
CITY-ST-ZIP	NAME	1								
TITLE D DALLAS, MAGGIE J. 5.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 5.3 STREET ADDRESS STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP TITLE SD DELETE 6.1 TITLE STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS STREET ADDRESS G.3 STREET ADDRESS G.77-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP	STREET ADDRESS			4.3 STREET ADDR	ESS					
NAME DALLAS, MAGGIE J. STREET ADDRESS CITY: ST-ZIP JACKSONVILLE FL SD DELETE ANDREWS, ESTELLER H STREET ADDRESS CITY: ST-ZIP JACKSONVILLE FL 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY: ST-ZIP JACKSONVILLE FL 6.4 CITY: ST-ZIP JACKSONVILLE FL 6.5 STREET ADDRESS 6.6 CITY: ST-ZIP ACKSONVILLE FL 6.5 STREET ADDRESS 6.6 CITY: ST-ZIP	CITY-ST-ZIP							C7.0		
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE SD ANDREWS, ESTELLER H STREET ADDRESS GITY-ST-ZIP ANDREWS, ESTELLER H 6.3 STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP	TITLE	} =	☐ DELETE		- (Change	☐ Addition	
STREET ADDRESS OVECUTY-ST-ZIP JACKSONVILLE FL 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP JACKSONVILLE FL 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP	NAME		!	J	J					
TITLE SD DELETE 6.1 TITLE Change Addition NAME ANDREWS, ESTELLER H STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP	STREET ADDRESS	802 COURT "E"		5.3 STREET ADDR	eess [
TITLE SD DELETE 6.1 TITLE Change Addition NAME ANDREWS, ESTELLER H STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP	CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP						
STREET ADDRESS 641 FERN STREET 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP			☐ DELETE	6.1 TITLE				Change	☐ Addition	
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP	NAME	ANDREWS, ESTELLER H		6.2 NAME	{					
CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP			;	6.3 STREET ADDR	RESS				į	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				6.4 CITY-ST-ZIP						
	14. 1 hereby (certify that the information supplied with	n this filing does not qualify for th		tated in So	ection 119.07(3)(i), Florida Statutes. I	further ce	rtify that the in	formation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am ar 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.