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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748147

1. Corporation Name

**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
US

Mailing Address

242 SW 17 ST
JACKSONVILLE FL 32206
US



2. Principal Place of Business

21 **242 W 17 ST**

2a. Mailing Address

26 **242 W 17 ST**

3. Date Incorporated or Qualified

07/20/1979

Suite, Apt. #, etc.

22 **Jacksonville Fla**

Suite, Apt. #, etc.

27 **Jacksonville Fla**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 **32206** **Dual**

City & State

28 **32206** **Dual**

5. Certificate of Status Desired

8.75 Additional Fee Required

Zip

24 **32206**

Country

Dual

Zip

29 **32206**

Country

Dual

6. Election Campaign Financing

Trust Fund Contribution

5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

**CLARK, EVANG ETHEL E.
242 W 17 ST
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE **ETHEL E. CLARK EVANG**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CLARK, ETHEL E.; EVANG.**
STREET ADDRESS **242 WEST 17TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE
NAME **MARTIN, MINNIE LEE**
STREET ADDRESS **1553 MT. HERMAN**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE
NAME **BURTON, MAGGIE LEE**
STREET ADDRESS **1513 DON CASTER AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **SMITH, PEARLENA C.**
STREET ADDRESS **3617 ARDISIA RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **DALLAS, MAGGIE J.**
STREET ADDRESS **802 COURT "E"**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE
NAME **ANDREWS, ESTELLER H**
STREET ADDRESS **641 FERN STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **PD Ethel Clark**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

Daytime Phone #

CR2E037 (1/98)