


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90383 050 \*\*\*\*75.00

<b>DOCUMENT # 748147</b> 1. Entity Name <b>THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE</b>			
Principal Place of Business <b>242 W 17 ST JACKSONVILLE FL 32206 US</b>		Mailing Address <b>242 SW 17 ST JACKSONVILLE FL 32206 US</b>	
2. Principal Place of Business <b>242 W 17 St</b> Suite, Apt. #, etc.		3. Mailing Address <b>242 W 17 St</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville Fla</b> Zip <b>32206</b> Country <b>Dual</b>		City & State <b>Jacksonville Fla</b> Zip <b>32206</b> Country <b>Dual</b>	
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CLARK, EVANG ETHEL E. 242 W 17 ST JACKSONVILLE FL 32206</b>		7. Name and Address of New Registered Agent Name <b>ETHEL E CLARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>242 W 17 St</b> City <b>Jacksonville</b> FL <b>32206</b>	
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 <b>Evangel Ethel Clark - P</b> DATE <b>April 14, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>P</b> NAME <b>CLARK, ETHEL</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>242 WEST 17TH STREET</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32206</b>	TITLE <b>T-D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>DIANNE ALBERTIE</b> STREET ADDRESS <b>1305 WEST 24th St</b> CITY-ST-ZIP <b>Jacksonville Fla. 32209</b>		
TITLE <b>VP</b> NAME <b>SHEFFIELD, LEROY</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>3203 RHONE DR</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32208</b>	TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>PATRICIA SIMMONS</b> STREET ADDRESS <b>3479 BROOKHAVEN DR</b> CITY-ST-ZIP <b>Jacksonville Fla 32254</b>		
TITLE <b>S</b> NAME <b>FELDER, MAGGIE L</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>5013 DONCASTER AVE</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32208</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>ST</b> NAME <b>TYSON, FAYE</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>5670 SHADY PINE ST S</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32244</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> NAME <b>PINKNEY, ALBERT A</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>924 W 29TH ST</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32209</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> NAME <b>BRIDGES, REGINALD</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>1107 JACKSON ST</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32204</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 <b>Evangel Ethel Clark P. 242 W 17 St Jacksonville Fla 32206</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			