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

**FILED**
**Jun 19, 2007 8:00 am**
**Secretary of State**
05-07-2007 90055 016 ****75.00

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1st MOORE CR2E037 (10/06)

DOCUMENT # 748147

1. Entity Name

THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE

| Principal Place of Business | Mailing Address |
|---|---|
| 242 W 17TH STREET<br>JACKSONVILLE FL 32206<br>US | 242 SW 17 ST<br>JACKSONVILLE FL 32206<br>US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 242 w 17 St | 242 w 17 St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Jacksonville Fla | Jacksonville Fla |
| City & State | City & State |
| Zip 32206 Country Duval | Zip 32206 Country Duval |

4. FEI Number NO-T APPLICABLE ☐ Applied For ☑ Not Applicable

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 |
|---|---|
| X BATTEN, JOHNATHAN M<br>212 SW 17 STREET<br>JACKSONVILLE FL 32209 | Name Evang Ethel E Clark<br>Street Address (P.O. Box Number is Not Acceptable)<br>242 w 17 St<br>Jacksonville Fla<br>City FL Zip Code 32206 |

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 Evang Ethel E Clark Ethel E Clark
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when combining) Evang Ethel E Clark Nonprofit DATE 4-14-07

| 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 / NAME / STREET ADDRESS / CITY ST ZIP | P<br>EVANG-ETHEL, CLARK E<br>242 WEST 17TH STREET<br>JACKSONVILLE FL 32206 | ☐ Delete | 242 w 17 St Jacksonville Fla 32206<br>Evang Ethel E Clark | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VP<br>SHEFFIELD, LEROY<br>3203 RHONE DR<br>JACKSONVILLE FL 32208 | ☐ Delete | | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>FELDER, MAGGIE L<br>5013 DONCASTER AVE<br>JACKSONVILLE FL 32208 | ☐ Delete | | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ST<br>TYSON, FAYE<br>5670 SHADY PINE ST S<br>JACKSONVILLE FL 32244 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>BATTEN, JOHNATHAN M<br>2123 W 17 ST<br>JACKSONVILLE FL 32209 | ☑ Delete | D DIANNE ALBERTY<br>1305 WEST 24th St<br>Jacksonville Fla 32209 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>BRIDGES, REGINALD<br>1107 JACKSON ST<br>JACKSONVILLE FL 32204 | ☐ Delete | | ☐ 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: Evang Ethel E CLARK 242 w 17 St. 32206 3534472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-14-007 Daytime Phone #