

2010
2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 748147					
1. Entity Name THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRA					
Principal Place of Business 242 W 17TH STREET JACKSONVILLE, FL 32206 US			Mailing Address 242 W 17 ST JACKSONVILLE, FL 32206 US		
2. Principal Place of Business - No P.O. Box # 242 W. 17th. St.		3. Mailing Address 242 W. 17th. St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL.		City & State Jacksonville FL.		4. FEI Number NOT APPLICABLE	
Zip 32206		Country Duval		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ESTHEL E EVG 242 SW 17th STREET JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name: <u>Ethel E. Clark</u> Street Address (P.O. Box Number is Not Acceptable): 242 W. 17th St. 32206 City: <u>Jacksonville</u> FL Zip Code: <u>32206</u>			
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: <u>Pres. Evang. Ethel E. Clark</u> <u>Ethel E. Clark</u> <u>4-12-2010</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Amended AR is \$61.25		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 P	NAME EVANG-ETHEL, CLARK E		TITLE 	NAME 	
STREET ADDRESS 242 WEST 17TH STREET	CITY-ST-ZIP JACKSONVILLE, FL 32206		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME SHEFFIELD, LEROY		TITLE 	NAME 	
STREET ADDRESS 3203 RHONE DR	CITY-ST-ZIP JACKSONVILLE, FL 32208		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME FELDER, MAGGIE L		TITLE 	NAME 	
STREET ADDRESS 5013 DONCASTER AVE	CITY-ST-ZIP JACKSONVILLE, FL 32208		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ST	NAME TYSON, FAYE		TITLE 	NAME 	
STREET ADDRESS 5670 SHADY PINE ST S	CITY-ST-ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME ALBERTO, DIANNE		TITLE D	NAME Veronica Burrell	
STREET ADDRESS 1305 WEST 24TH ST	CITY-ST-ZIP JACKSONVILLE, FL 32209		STREET ADDRESS 7429 Smyrna St.	CITY-ST-ZIP Jacksonville FL. 32208	
TITLE D	NAME BRIDGES, REGINALD		TITLE 	NAME 	
STREET ADDRESS 1107 JACKSON ST	CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Evang. Ethel E. Clark</u>			4-12-2010 (904) 353-4472		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

10 MAY -4 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07102007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT 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

Name: Ethel E. Clark
Street Address (P.O. Box Number is Not Acceptable):
242 W. 17th St.
32206
City: Jacksonville FL Zip Code: 32206

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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 P NAME EVANG-ETHEL, CLARK E ☐ Delete

STREET ADDRESS 242 WEST 17TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE VP NAME SHEFFIELD, LEROY ☐ Delete

STREET ADDRESS 3203 RHONE DR CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE S NAME FELDER, MAGGIE L ☐ Delete

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TITLE ST NAME TYSON, FAYE ☐ Delete

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