

2011 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. 17th St.
JACKSONVILLE, FL 32206 US

2. Principal Place of Business - No P.O. Box #

242 W. 17th St.

Suite, Apt. #, etc.

3. Mailing Address

242 W. 17th St.

Suite, Apt. #, etc.

FILED

2011 FEB 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07102007 Chg-NP

CR2E037 (12/06)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

32206

Country

Duval

Zip

32206

Country

Duval

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Evang. Clark, Ethel E.
242 W. 17th St.
Jacksonville, FL 32206

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.

City

Jacksonville

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

Pres. Evang. Ethel E. Clark

P. Ethel E. Clark

2-16-2011

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

(NOTE: Registered Agent Signature required when resigning)

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

TITLE	P	☐ Delete
NAME	EVANG-ETHEL, CLARK E	
STREET ADDRESS	242 WEST 17TH STREET	
CITY-STATE-ZIP	JACKSONVILLE, FL 32206	
TITLE	VP	☐ Delete
NAME	SHEFFIELD, LEROY	
STREET ADDRESS	3203 RHONE DR	
CITY-STATE-ZIP	JACKSONVILLE, FL 32208	
TITLE	S	☐ Delete
NAME	FELDER, MAGGIE L	
STREET ADDRESS	5013 DONCASTER AVE	
CITY-STATE-ZIP	JACKSONVILLE, FL 32208	
TITLE	ST	☐ Delete
NAME	TYSON, FAYE	
STREET ADDRESS	5670 SHADY PINE ST S	
CITY-STATE-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	☐ Delete
NAME	Veronica Burrell	
STREET ADDRESS	7429 Smyrna St.	
CITY-STATE-ZIP	Jacksonville FL 32208	
TITLE	D	☐ Delete
NAME	BRIDGES, REGINALD	
STREET ADDRESS	1107 JACKSON ST	
CITY-STATE-ZIP	JACKSONVILLE, FL 32204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	700195953817
CITY-STATE-ZIP	02/24/11--01041--024 **75.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

Evang. Ethel E. Clark

Date

2-16-2011 904 353-4472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

BH