

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748147

**FILED  
Mar 19, 2016  
Secretary of State  
CC2212998757**

**Entity Name:** THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRAYER BAND AND SPIRITUAL POWER, INC.

**Current Principal Place of Business:**

242 W. 17 ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

245 W. 17TH ST  
JACKSONVILLE, FL 32206 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CLARK, ETHEL EEVG  
245 W. 17TH ST  
JACKSONVILLE, FL 32206 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name EVANG-ETHEL, CLARK E  
Address 245 WEST 17TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title VP  
Name SHEFFIELD, LEROY  
Address 3203 RHONE DR  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name FELDER, MAGGIE L  
Address 5013 DONCASTER AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title ST  
Name TYSON, FAYE  
Address 5670 SHADY PINE ST S  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name BURRELL, VERONICA  
Address 7429 SMYRNA ST.  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name BRIDGES, REGINALD  
Address 1107 JACKSON ST  
City-State-Zip: JACKSONVILLE FL 32204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EVANG-ETHEL, CLARK E**

**P**

**03/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date