Entity Name: GOODNESS OF GOD WORSHIP CENTER INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1128 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205

DOCUMENT# N0900009583

Current Mailing Address:

1128 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205 US

FEI Number: 20-8474280

Name and Address of Current Registered Agent:

COLEMAN, OSCAR JR 808 DAY AVENUE JACKSONVILLE, FL 32205 US

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	PAST	Title	ASST. PASTOR
Name	COLEMAN, OSCAR JR.	Name	COLEMAN, CONSTANCE E
Address	808 DAY AVENUE	Address	808 DAY AVENUE
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205
Title	TREASURE	Title	SEC
Name	ALEXANDER, VIVIAN	Name	REVELS, TELEUBA
Address	3627 DOUBLE BRANCH LN	Address	122 E 54TH STREET
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	JACKSONVILLE FL 32208
Title	SENIOR DEACON	Title	DEACONESS
Title Name	SENIOR DEACON CHERRY, TOMMY	Title Name	DEACONESS SHARP, DORIS
Name	CHERRY, TOMMY 12281 DRIFT COURT	Name	SHARP, DORIS 1320 BROAD ST N. APT.#1504
Name Address	CHERRY, TOMMY 12281 DRIFT COURT	Name Address	SHARP, DORIS 1320 BROAD ST N. APT.#1504
Name Address City-State-Zip:	CHERRY, TOMMY 12281 DRIFT COURT JACKSONVILLE FL 32218	Name Address City-State-Zip:	SHARP, DORIS 1320 BROAD ST N. APT.#1504 JACKSONVILLE FL 32202
Name Address City-State-Zip: Title	CHERRY, TOMMY 12281 DRIFT COURT JACKSONVILLE FL 32218 ADVISOR	Name Address City-State-Zip: Title	SHARP, DORIS 1320 BROAD ST N. APT.#1504 JACKSONVILLE FL 32202 DEACONESS

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: OSCAR COLEMAN

PASTOR

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date