

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009583

Entity Name: GOODNESS OF GOD WORSHIP CENTER INC.**Current Principal Place of Business:**625 CASSAT AVE
SUITE #4
JACKSONVILLE, FL 32205**Current Mailing Address:**5455 VERNA BLVD
6125
JACKSONVILLE, FL 32236 US**FEI Number:** 20-8474280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, OSCAR JR
808 DAY AVENUE
JACKSONVILLE, FL 32205 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 | SENIOR PASTOR |
| Name | COLEMAN, OSCAR JR. PASTOR |
| Address | 808 DAY AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32205 |

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|-----------------|-----------------------------|
| Title | EXECUTIVE PASTOR |
| Name | COLEMAN, CONSTANCE E PASTOR |
| Address | 808 DAY AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|-----------------|----------------------------|
| Title | DEACONESS |
| Name | SHARP, DORIS |
| Address | 1320 BROAD ST N. APT.#1504 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|---------------------|
| Title | DEACON |
| Name | THOMAS, LEE |
| Address | 3375 NE 28TH AVENUE |
| City-State-Zip: | OCALA FL 34479 |

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|-----------------|-------------------------|
| Title | YOUTH ADVISOR (MENTOR) |
| Name | SIMES, SHONTA C |
| Address | 367 N MARSHVIEW TERRACE |
| City-State-Zip: | MAGNOLIA DE 19962 |

| | |
|-----------------|-----------------------------|
| Title | OVERSEER & MINISTRY MOTHER |
| Name | HARRIS, JACQUELINE K PASTOR |
| Address | 11517 BIRCH FORREST CIR E |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|--------------------------|
| Title | TREASURER |
| Name | JOINER, JESSICA KENYETTA |
| Address | 4669 LINCREST DR S |
| City-State-Zip: | JACKSONVILLE FL 32208 |

| | |
|-----------------|------------------------------|
| Title | MINISTER/ PRISONS |
| Name | COLEMAN, OSCAR, III MINISTER |
| Address | 568 NE 255TH ST. |
| City-State-Zip: | CROSS CITY FL 32628 |

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 JR

SENIOR PASTOR

04/28/2024

Electronic Signature of Signing Officer/Director Detail_____
Date