

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009583

**Entity Name:** GOODNESS OF GOD WORSHIP CENTER INC.

**Current Principal Place of Business:**

1128 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1128 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205 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.  
Address 808 DAY AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

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

Title MINISTRY OF HELPS COORDINATOR  
Name RAINES, TELEUBA  
Address 10243 HAVERFORD ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title SENIOR DEACON  
Name SCOTT, RONALD W  
Address 426 S. MCDUFF AVE  
City-State-Zip: JACKSONVILLE FL 32254

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

Title BISHOP & OVERSEER  
Name HARRIS, JAMES S  
Address 11517 BIRCH FOREST CIR E  
City-State-Zip: JACKSONVILLE FL 32218

Title DEACONESS  
Name FRAZIER, CHERYL S  
Address 5885 EDENFIELD ROAD APT L25  
City-State-Zip: JACKSONVILLE FL 32277

Title DEACON  
Name BOYD, GOLDIE L.  
Address 555 STOCKTON  
City-State-Zip: JACKSONVILLE FL 32204

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*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**

**SENIOR PASTOR**

**04/27/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           THOMPSON, TIFFANY  
Address        900 BRIDIER ST  
City-State-Zip: JACKSONVILLE FL 32206