


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90047 027 ****61.25

DOCUMENT # 708774 1. Entity Name THE FIRST HOLINESS CHURCH OF THE LIVING GOD, INCORPORATED			
Principal Place of Business PO BOX 309 SOUTH BAY FL 33493-0309		Mailing Address PO BOX 309 SOUTH BAY FL 33493-0309	
2. Principal Place of Business 125 S.W. 12th Ave		3. Mailing Address P.O. Box 309	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State South Bay FL		City & State South Bay FL	
Zip 33493		Zip 33493	
Country Palm Beach		Country Palm Beach	
6. Name and Address of Current Registered Agent WRISPER, WILLIE (BISHOP) 250 12TH AVE SOUTHWEST SOUTH BAY FL 33493			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	BH WRISPER, JIMMIE L 1149 SW AVE I BELL GLADE FL 33430	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DT KYLES, LATHAN 425 EILON AVE SOUTH BAY FL 33493	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D WRISPER, ELOUISE 1149 SW AVE I BELLE GLADE FL 33430	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ET EDWARDS, VERSIE LEE 290 SW 10TH AVE SOUTH BAY FL 33493	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	B WRISPER, WILLIE 250 12TH AVE SOUTH BAY FL 33493	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Willie Wrisper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date</small>	<small>Daytime Phone #</small>