

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709297

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE GLORIOUS COMMUNITY HOLINESS CHURCH OF JESUS, OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

1208 HARLEM ACADEMY AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

PO BOX 432
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-2370760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANVILLE, T.N.
1208 HARLEM ACADEMY
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRANVILLE, T. N.
Address: 1208 HARLEM ACADEY AVE.
City-St-Zip: CLEWISTON, FL

Title: D () Delete
Name: PERRY, SCOTT
Address: 4615 43RD CT.
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: CLARK, ROOSEVELT
Address: 4720 NW 43RD, 19TH CT.
City-St-Zip: FT. LAUDERDALE, FL

Title: S () Delete
Name: MORGAN, CALMORE
Address: 11638 DAHLIA ST
City-St-Zip: ROYAL PALM BEACH, FL

Title: TD () Delete
Name: RUSHING, CURTIS
Address: 712 GEORGIA AVE
City-St-Zip: CLEWISTON, FL

Title: D () Delete
Name: TROUPE, VERNAL L.
Address: 3150 LAYFETTE STREET
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: T. N. GRANVILLE

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date