2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED Mar 05, 2008 08:00 A **DOCUMENT # 720741** Entity Name Secretary of State HOLINESS CHURCH OF JESUS PENTECOSTAL, **INCORPORATED** Principal Place of Business Mailing Address 12525 130TH AVE., NO. % 12049 132ND AVENUE N. LARGO FL 33774 **LARGO FL 33778** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 54-2094925 Not Applicable Country Zio Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, JOHNNY LEE 12049 132ND AVENUE N. Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33778 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. NOTE: Bog stored Agent cignations sortuled witchice relating FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition MARSHALL, JOHNNY LEE NAME NAME 12049 132ND AVENUE N. STREET ADDRESS STREET ADDRESS U00000848484 **LARGO FL 33778** CITY- ST - ZIP CITY - ST-ZIP na/2n/08-80019-005 61.25 ☐ Dalete TITLE ☐ Change Addition THE MARSHALL, JAMES NAME STREET ADDRESS 12084 135TH AVENUE N. STREET ADDRESS LARGO FL 33778 CITY-ST-ZIP City-SY-ZiP D THE Delete TITLE Change Addition MARSHALL, EVELYN D NAME NAME STREET ADDRESS 21511 WILDERLAKE BLVD STREET ADDRESS LAND O LAKES FL 34637 CITY-ST-7IP CITY-ST-7/P ☐ Delete Addition T:TLE TITLE Change STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP Change ☐ Delete ☐ Addition THE THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 altachment with an address, with all other like empowered.

CITY - ST-ZIP

SIGNATURE: 50 hNNX LEE MARSHALL

CITY-ST-ZIP

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