

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

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-11-2005 90028 002 ****61.25

66005272



1st MOORE CR2E037 (10/04)

DOCUMENT # 724510 1. Entity Name FLORDALE FAITH TEMPLE HOLINESS CHURCH, INC.					
Principal Place of Business 952 ALDERSIDE ST. JACKSONVILLE FL 32208			Mailing Address 952 ALDERSIDE ST. JACKSONVILLE FL 32208		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0810-809 AP-PLIED FOR	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LILNCOLN, VERONICA 8046 DENHAM RD. E. JACKSONVILLE FL 32208			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRINKLEY, CLARA 952 ALDERSIDE ST. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANT, DOROTHY 1914 HARDEE ST. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLOMAN, HELEN 5607 BRAIT AVE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, JACKIE 4962 PRINCIPLEY AVE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LILNCOLN, VERONICA 8046 DENHAM RD. E. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRINKLEY, VERONICA 952 ALDERSIDE ST. JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 any other like empowered.					
SIGNATURE:			2-7-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					