2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# 724510

Entity Name: FLORADALE FAITH TEMPLE HOLINESS CHURCH, INC.

Current Principal Place of Business:

952 ALDERSIDE ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

952 ALDERSIDE ST.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 26-0810809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILNCOLN, VERONICA
8046 DENHAM RD. E.
JACKSONVILLE, FL 32208 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:	TD	( ) Delete
Name:	HONESTER, CATHY	
Address:	623 LONG BRANCH BLVD	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	PD	( ) Delete
Name:	GANT, DOROTHY,	
Address:	1914 HARDEE ST.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VD	( ) Delete
Name:	COLLINS, CATHERINE R	
Address:	5974 CHARLES D EVERS DR	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	SD	( ) Delete
Name:	CARROLL, JACKIE,	
Address:	4962 PRINCLEY AVE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	AS	( ) Delete
Name:	LILNCOLN, VERONICA,	
Address:	8046 DENHAM RD. E.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	DS	(X) Delete
Name:	BRINKLEY, VERONICA	
Address:	952 ALDERSIDE ST.	
City-St-Zip:	JACKSONVILLE, FL 32208	

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
Name:	
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: CATHY HONESTER TD 04/26/2007

Electronic Signature of Signing Officer or Director — Date