2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724510

FILED Mar 19, 2008 Secretary of State

Entity Name: FLORADALE FAITH TEMPLE HOLINESS CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

952 ALDERSIDE ST. JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

952 ALDERSIDE ST. JACKSONVILLE, FL 32208

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LILNCOLN, VERONICA 8046 DENHAM RD. E. JACKSONVILLE, FL 32208 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 HONESTER, CATHY
 Name:
 HONESTER, CATHY

 Address:
 623 LONG BRANCH BLVD
 Address:
 8032 GALVESTON AVE

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:
 JACKSONVILLE, FL 32211

Title: PD () Delete Title: P (X) Change () Addition Name: GANT, DOROTHY, Name: GANT, DOROTHY

Address: 1914 HARDEE ST. Address: 1914 HARDEE ST. City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL

Title: VD. () Delete Title: (X) Change () Addition COLLINS, CATHERINE R COLLINS, CATHERINE R Name: Name: 5974 CHARLES D EVERS DR 5974 CHARLES D EVERS DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32219

Title: SD () Delete Title: S (X) Change () Addition

 Name:
 CARROLL, JÄCKIE,
 Name:
 CARROLL, JÄCKIE

 Address:
 4962 PRINCLEY AVE
 4962 PRINCLEY AVE

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 JACKSONVILLE, FL

Title: AS () Delete Title: AS (X) Change () Addition

 Name:
 LILNCOLN, VERONICA,
 Name:
 LILNCOLN, VERINICA

 Address:
 8046 DENHAM RD. E.
 Address:
 8046 DENHAM RD. E.

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 JACKSONVILLE, FL

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 03/19/2008