

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724510

FILED  
May 26, 2009  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: 8032 GALVESTON AVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: P      ( ) Delete  
Name: GANT, DOROTHY  
Address: 1914 HARDEE ST.  
City-St-Zip: JACKSONVILLE, FL

Title: V      ( ) Delete  
Name: COLLINS, CATHERINE R  
Address: 5974 CHARLES D EVERS DR  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S      ( ) Delete  
Name: CARROLL, JACKIE  
Address: 4962 PRINCLEY AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: AS      ( ) Delete  
Name: LILNCOLN, VERINICA  
Address: 8046 DENHAM RD. E.  
City-St-Zip: JACKSONVILLE, 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  
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

DIRE

05/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date