

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725827

FILED
May 01, 2009
Secretary of State

Entity Name: GAINESVILLE COMMUNITY HOLINESS CHURCH HOUSE OF REFUGE, INC.

Current Principal Place of Business:

1736 N. E. 8TH AVE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6126
1709 NE 15TH TERR
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 11-0725827 **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:

HINES, EMMELENE
1709 NE 15 TERR
GAINESVILLE, FL 32609 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: PD () Delete
Name: HINES, EMMELENE
Address: 1709 NE 15 TERR
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: WIMS, SAVANNAH
Address: 1709 N.E. 15TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: ROUSE, ALBERTA
Address: 5 EAST 26TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: SAPP, BERTHA
Address: P.O. BOX 903 N/A
City-St-Zip: MIDDLEBURG, FL 32050

Title: S () Delete
Name: WIMS, MABLE
Address: 1820 NE 8TH AVE
City-St-Zip: GAINESVILLE, FL 32601

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: EMMELENE HINES

Electronic Signature of Signing Officer or Director

PRES

05/01/2009

Date