2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90296 009 ****61.25

DOCUMENT # 730894

1. Entity Name
TO GOD BE THE GLORY HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
3521 ST JOHNS AVE P O BOX 652 PALATKA, FL 32178 US	~~1302 MADISON STREET~~ BOX 652 PALATKA, FL 32178

04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2385710
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE-REAVES, RUTH
119 MELLON RD.
PALATKA, FL 32177

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WILLIAM, ANTHONY
STREET ADDRESS	2408 TOMMY AVE
CITY-ST-ZIP	PALATKA, FL
TITLE	PC
NAME	LOWE-REAVES, RUTH
STREET ADDRESS	119 MELLON RD.
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	PEOPLES, LULA MAE
STREET ADDRESS	410 N. 16TH ST.
CITY-ST-ZIP	PALATKA, FL
TITLE	V
NAME	CAMPBELL, JAMES
STREET ADDRESS	1417 OLIVE ST.
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	HALL, ALVIN
STREET ADDRESS	511 N 10TH ST
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	HALL, LINDA L
STREET ADDRESS	105 ELM ST
CITY-ST-ZIP	PALATKA, FL 32177

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 all other like empowered.

SIGNATURE: Ruth Lowe Reaves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #