

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 730894

1. Entity Name

TO GOD BE THE GLORY HOLINESS CHURCH, INC.



FILED

Apr 06, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

Principal Place of Business

3521 ST JOHNS AVE
P O BOX 652
PALATKA FL 32178
US

Mailing Address

BOX 652
PALATKA FL 32178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME WILLIAM, ANTHONY
STREET ADDRESS 2408 TOMMY AVE
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add
U00000496719
04/22/06-80020-019 70.00

TITLE PC
NAME LOWE-REAVES, RUTH
STREET ADDRESS 119 MELLON RD.
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE D
NAME PEOPLES, LULA MAE
STREET ADDRESS 410 N. 16TH ST.
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE V
NAME CAMPBELL, JAMES
STREET ADDRESS 1417 OLIVE ST.
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE D
NAME HALL, ALVIN
STREET ADDRESS 511 N 10TH ST
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE D
NAME HALL, LINDA L
STREET ADDRESS 105 ELM ST
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

386279 70.00