

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730894

FILED
Mar 25, 2008
Secretary of State

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

Current Principal Place of Business:

3521 ST JOHNS AVE
3521 ST. JOHNS AVENUE
PALATKA, FL 32178 US

New Principal Place of Business:

Current Mailing Address:

BOX 652
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2385710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWE-REAVES, RUTH
119 MELLON RD.
PALATKA, FL 32177 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: S () Delete
Name: BETTY, GILYARD
Address: 507 WEST PALMETTO STREET
City-St-Zip: PALATKA, FL 32177

Title: PC () Delete
Name: LOWE-REAVES, RUTH
Address: 119 MELLON RD.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: PEOPLES, LULA MAE,
Address: 410 N. 16TH ST.
City-St-Zip: PALATKA, FL 32177

Title: V () Delete
Name: CAMPBELL, JAMES,
Address: 1417 OLIVE ST.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: HALL, ALVIN
Address: 511 N 10TH ST
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: HALL, LINDA L
Address: 312 ELM AVE.
City-St-Zip: PALATKA, FL 32177

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: D (X) Change () Addition
Name: HALL, OSCAR
Address: 3801 ST. JOHNS AVENUE, LOT 9
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change () Addition
Name: HALL, LINDA L
Address: 313 ELM AVE.
City-St-Zip: PALATKA, FL 32177

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: RUTH LOWE REAVES

P/C

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date