

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 042 ****61.25

DOCUMENT # 737056

1. Entity Name

HOUSE OF GOD SAINTS IN CHRIST, INC.



Principal Place of Business

1005 ODESSA STREET
JACKSONVILLE FL 32206

Mailing Address

P.O. BOX 9962
JACKSONVILLE FL 32208

14000559



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1287672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, LORENZO BISHOP
5663 INTERNATIONAL DRIVE
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME MOORE, LORENZO BISHOP
STREET ADDRESS 5663 INTERNATIONAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE DT
NAME GILSEY, JAMES BISHOP
STREET ADDRESS RT. 3, BOX 4435
CITY-ST-ZIP FOLKSTON GA 31537 ☐ Delete

TITLE DS
NAME FORD, GUS C BIS.
STREET ADDRESS 2283 SARATOGA DRIVE
CITY-ST-ZIP DECATUR GA 30032 ☐ Delete

TITLE D
NAME LITMAN, ALTON BISHOP
STREET ADDRESS 605 SUGAR STREET
CITY-ST-ZIP TIFTON GA 31794 ☐ Delete

TITLE D
NAME MOORE, LORENZO
STREET ADDRESS 5663 INTERNATIONAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/04