

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90006 026 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

MOORE, LORENZO BISHOP
5663 INTERNATIONAL DRIVE
JACKSONVILLE FL 32219

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, 2005

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	<input type="checkbox"/> Delete
NAME	MOORE, LORENZO BISHOP	
STREET ADDRESS	5663 INTERNATIONAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GILSEY, JAMES BISHOP	
STREET ADDRESS	RT. 3, BOX 4435	
CITY-ST-ZIP	FOLKSTON GA 31537	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FORD, GUS C BIS.	
STREET ADDRESS	2283 SARATOGA DRIVE	
CITY-ST-ZIP	DECATUR GA 30032	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITMAN, ALTON BISHOP	
STREET ADDRESS	605 SUGAR STREET	
CITY-ST-ZIP	TIFTON GA 31794	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, LORENZO	
STREET ADDRESS	5663 INTERNATIONAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6331 DUNN AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSEY, JAMES BISHOP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6331 DUNN AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #