

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 747996

1. Entity Name
TRUE HOLINESS CHURCH OF JACKSONVILLE, INC.



Principal Place of Business
**4022 SPRING GROVE ROAD
JACKSONVILLE, FL 32209**

Mailing Address
**4022 SPRING GROVE ROAD
JACKSONVILLE, FL 32209**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3033026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSLEY, EVELYN R
3550 GLADYS STREET
JAXSONVILLE, FL 32289**

**DO NOT WRITE
IN THIS SPACE**

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 is required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, NONSEARL
STREET ADDRESS	7009 KEN KNIGHT DR. EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	MCCLLOUD, IRIS
STREET ADDRESS	1585 BROOK FOREST DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	CALHOUN, BARBARA J
STREET ADDRESS	6224 FURMAN AVENUE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	MOSLEY, EVELYN
STREET ADDRESS	3550 GLADYS ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MONROE, ALONZO
STREET ADDRESS	1615 W UNION ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	V
NAME	BALDWIN, PATRICIA
STREET ADDRESS	7220 ARBLE DR
CITY-ST-ZIP	JACKSONVILLE, FL

000000590763
01/18/07-80067-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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

1-16-07

Date

904-353-0776

Daytime Phone #