


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747996</b>	
1. Entity Name <b>TRUE HOLINESS CHURCH OF JACKSONVILLE, INC.</b>	

Principal Place of Business <b>4022 SPRING GROVE ROAD JACKSONVILLE, FL 32209</b>	Mailing Address <b>4022 SPRING GROVE ROAD JACKSONVILLE, FL 32209</b>
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3033026</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOSLEY, EVELYN R 3550 GLADYS STREET JAXSONVILLE, FL 32289</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, NONSEARL 7009 KEN KNIGHT DR. EAST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLLOUD, IRIS 1585 BROOK FOREST DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALHOUN, BARBARA J 6224 FURMAN AVENUE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSLEY, EVELYN 3550 GLADYS ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, ALONZO 1615 W UNION ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BALDWIN, PATRICIA 7220 ARBLE DR JACKSONVILLE, FL

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01/30/08-80003-009 70.00

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: <u>Evelyn R. Mosley</u> <u>Evelyn R. Mosley</u> <u>1/18/08</u> <u>9043530776</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #