

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747996

FILED
Jan 30, 2009
Secretary of State

Entity Name: TRUE HOLINESS CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

4022 SPRING GROVE ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

4022 SPRING GROVE ROAD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3033026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSLEY, EVELYN R
3550 GLADYS STREET
JAXSONVILLE, FL 32289 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: D () Delete
Name: MILLER, NONSEARL
Address: 7009 KEN KNIGHT DR. EAST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: MCCLOUD, IRIS
Address: 1585 BROOK FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: CALHOUN, BARBARA J
Address: 6224 FURMAN AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: MOSLEY, EVELYN
Address: 3550 GLADYS ST.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: MONROE, ALONZO
Address: 1615 W UNION ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: BALDWIN, PATRICIA
Address: 7220 ARBLE DR
City-St-Zip: JACKSONVILLE, FL

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: MONROE, ALONZO
Address: 1337 KENNESAW LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EVELYN R. MOSLEY

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date