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

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90383 050 ****75.00

DOCUMENT # 748147

1. Entity Name

THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE

Principal Place of Business	Mailing Address
242 W 17 ST JACKSONVILLE FL 32206 US	242 SW 17 ST JACKSONVILLE FL 32206 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
242 w 17 St	242 W17 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fla	City & State: Jacksonville Fla
Zip: 32206 Country: Duval	Zip: 32206 Country: Duval

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, EVANG ETHEL E.
242 W 17 ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name: ETHEL E CLARK
Street Address (P.O. Box Number is Not Acceptable): 242 W 17 St
City: Jacksonville FL Zip Code: 32206

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: Evang Ethel E Clark L.P. DATE: April 14 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, ETHEL ✓ 242 WEST 17TH STREET JACKSONVILLE FL 32206	☐ Delete	T-DiAnne ALBERTIE 1305 WEST 24th St Jacksonville Fla. 32209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHEFFIELD, LEROY ✓ 3203 RHONE DR JACKSONVILLE FL 32208	☐ Delete	D-PATRICIA SIMMONS 3479 BROOKHAVEN Dr. Jacksonville Fla 32254	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FELDER, MAGGIE L ✓ 5013 DONCASTER AVE JACKSONVILLE FL 32208	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TYSON, FAYE ✓ 5670 SHADY PINE ST S JACKSONVILLE FL 32244	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINKNEY, ALBERT A ✓ 924 W 29TH ST JACKSONVILLE FL 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDGES, REGINALD ✓ 1107 JACKSON ST JACKSONVILLE FL 32204	☐ Delete		☐ Change ☐ Addition

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: Evang Ethel E Clark L.P. 242 W. 17 St Jacksonville Fla 32206 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #