2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2007 8:00 am
Secretary of State
05-07-2007 90055 016 ****75.00

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1st MOORE CR2E037 (10/06)

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 17TH STREET JACKSONVILLE FL 32206 US	242 SW 17 ST JACKSONVILLE FL 32206 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
242 w 17 St	242 w 17 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville Fla	Jacksonville Fla
City & State	City & State
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	7. Name and Address of New Registered Agent
X BATTEN, JOHNATHAN M 212 SW 17 STREET JACKSONVILLE FL 32209	Name Evang Ethel E Clark Street Address (P.O. Box Number is Not Acceptable) 242 w 17 St Jacksonville Fla City 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 Ethel E Clark
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when combining) Evang Ethel E Clark Nonprofit DATE 4-14-07

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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 EVANG-ETHEL, CLARK E 242 WEST 17TH STREET JACKSONVILLE FL 32206	☐ Delete	242 w 17 St Jacksonville Fla 32206 Evang Ethel E Clark	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP SHEFFIELD, LEROY 3203 RHONE DR JACKSONVILLE FL 32208	☐ Delete		☐ 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 BATTEN, JOHNATHAN M 2123 W 17 ST JACKSONVILLE FL 32209	☑ Delete	D DIANNE ALBERTY 1305 WEST 24th St Jacksonville Fla 32209	☐ 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 exemptions contained in Section 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: Evang Ethel E CLARK 242 w 17 St. 32206 3534472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-14-007 Daytime Phone #