

2012

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 20 AM 7:35

DOCUMENT #748147



1. Entity Name
THE SEVEN HOURS HOLINESS CHURCH,
INTERNATIONAL HOUSE OF ISRAEL AND THE HOUSE
OF PRAYER, HOLY PRA

Principal Place of Business
242 W 17TH STREET
JACKSONVILLE, FL 32206 US

Mailing Address
245 W. 17th. St.
JACKSONVILLE, FL 32206 US



2. Principal Place of Business - No P.O. Box #
242 W. 17th. St.

3. Mailing Address
245 W. 17th. St.

07102007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

Zip Country
32206 Duval

Zip Country
32206 Duval

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

Evang. Clark, Ethel E.
245 W. 17th. St.
Jacksonville, FL 32206

Name
Ethel E. Clark

Street Address (P.O. Box Number is Not Acceptable)
245 W. 17th 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 Pres. Evang. Ethel E. Clark P. Evang. Ethel E. Clark 3-14-2012
Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANG-ETHEL, CLARK E 245 WEST 17TH STREET JACKSONVILLE, FL 32206	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEFFIELD, LEROY 3203 RHONE DR JACKSONVILLE, FL 32208	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDER, MAGGIE L 5013 DONCASTER AVE JACKSONVILLE, FL 32208	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TYSON, FAYE 5670 SHADY PINE ST S JACKSONVILLE, FL 32244	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Veronica Burrell 7429 Smyrna St. Jacksonville FL 32208	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, REGINALD 1107 JACKSON ST JACKSONVILLE, FL 32204	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100225417091 03/20/12--01021--010 **75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition MAR 21 2012 T. CAULEY

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2012 904 353-4472

Date Daytime Phone #