2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # 751620** 04-15-2008 90014 030 ****61.25 THE HOLINESS CHURCH OF GOD, INCORPORATED Principal Place of Business Mailing Address C/O JIMMIE GREEN 10865 S.W. 218TH TERR. GOULDS FL 33170 C/O JIMMIE GREEN 10865 S.W. 218TH TERR. GOULDS FL 33170 2. Principal Place of Business - No P.O. Box # 3. I 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number Applied For 26-6163871 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, JIMMIE Street Address (P.O. Box Number is Not Acceptable) 10865 S.W. 218TH TERR. GOULDS FL Zip Code 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition GREEN, JIMMIE NAME NAME 10865 SW 218 TERR STREET ADDRESS STREET ADDRESS GOULDS FL CITY-ST-ZIP CITY-ST-ZIP VD ☐ Addition ☐ Delete ☐ Change BRIDGES, ROBERT NAME NAME 13963 SW 270 ST STREET ADDRESS STREET ADDRESS NARANJA FL CITY-ST-7IP CITY- ST- 71P SD TITLE TITLE Change Addition ☐ Delete BRIDGES, PEARLIE-NAME NAME STREET ADDRESS 13963 SW 270TH STREET STREET ADDRESS NARANJA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ncitibbA 🔲 NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CfTY-ST-ZIP ☐ Defete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

SIGNATURE: S

CITY-ST-ZIP

Jimmie Grow. p/d