

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

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90327 001 \*\*\*\*61.25  
02-23-2004 90327 002 \*\*\*\*\*8.75

**DOCUMENT # 762680**

1. Entity Name

HOLINESS HOUSE OF WORSHIP, INC.



Principal Place of Business

2320 NW 2ND ST.  
POMPANO BCH FL 33069  
US

Mailing Address

C/O WILLIE B. JOHNSON  
740 N.W. 17TH CT.  
POMPANO BCH FL 33060  
US

2. Principal Place of Business

2320 NW 2nd St

3. Mailing Address

C/O Willie B Johnson

Suite, Apt. #, etc.

740 NW 17th Ct

City & State

Pompano, FL

Zip

33060

Country

Broward



MOORE

CR2E037 (11/03)

4. FEI Number

59-2206043

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, WILLIE B  
740 N.W. 17TH COURT  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PD ☐ Delete  
NAME JOHNSON, ROBERT  
STREET ADDRESS 740 NW 17TH COURT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VPD ☐ Delete  
NAME HOLMES, KENNETH  
STREET ADDRESS 2920 NW 6TH COURT  
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE STD ☐ Delete  
NAME JOHNSON, WILLIE B  
STREET ADDRESS 740 NW 17TH COURT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ Delete  
NAME ROBINSON, FRANK  
STREET ADDRESS 1741 NW 16TH AVE., #4  
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Willie B Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 17-04 9349430704  
Date Daytime Phone #