

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000001528

1. Entity Name  
FIRST JOHN HOLINESS CHURCH, INC.



Principal Place of Business

6316 WILLOW ST  
ZELLWOOD, FL 32798

Mailing Address

P.O BOX 348  
ZELLWOOD, FL 32748



04192005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3639340

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JOHNNIE  
232 WEST 15TH STREET  
APOPKA, FL 32703

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WRIGHT, JOHNNIE
STREET ADDRESS	232 WEST 15TH STREET
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	WRIGHT, ALFREDA
STREET ADDRESS	232 WEST 15TH STREET
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	GRIMMAGE, MATTIE
STREET ADDRESS	789 EAST CLEVELAND STREET
CITY-ST-ZIP	APOPKA, FL 32703

U000000327611  
04/25/05-80044-021 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #