

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 04, 2008  
Secretary of State**

DOCUMENT# N00000001528

Entity Name: FIRST JOHN HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

6316 WILLOW ST  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 348  
ZELLWOOD, FL 32798

**New Mailing Address:**

FEI Number: 59-3639340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WRIGHT, JOHNNIE  
Address: 232 WEST 15TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: WRIGHT, ALFREDA  
Address: 232 WEST 15TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: GRIMMAGE, MATTIE  
Address: 789 EAST CLEVELAND STREET  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: JONES, SHAWN D  
Address: 206 WEST 15TH STREET  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN JONES

D

02/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date