

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000006152

1. Entity Name
THE FAITH HOLINESS CHURCH OF GOD, INC.



Principal Place of Business
137 JACKSON ST.
ALTAMONTE SPRINGS, FL 32701

Mailing Address
137 JACKSON ST.
ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3679372

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, ELDER K
1221 OAK ST.
ALTAMONTE SPRINGS, FL 32701

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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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	RHODES, SR., KEITHA
STREET ADDRESS	411 BASEWOOD LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D/VP
NAME	RHODES, JR., KEITHA
STREET ADDRESS	1221 OAK ST.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D/S
NAME	DAVIS, LILLIE
STREET ADDRESS	2215 WESTON LANE APT. C 7668 Forest City Rd
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	D/T
NAME	RHODES, EMMA
STREET ADDRESS	411 BASEWOOD LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	BATSON, MARY
STREET ADDRESS	6329 LILY ST 201 MONROE AVE. #24A
CITY-ST-ZIP	ORLANDO, FL 32808 Maitland FL 32751
TITLE	D
NAME	Rhodes, Sharon
STREET ADDRESS	1221 Oak St
CITY-ST-ZIP	Altamonte Spgs FL 32701

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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: Keith Rhodes, Jr. Keith Rhodes, Jr.

2-10-04

N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #