


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

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
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05132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3679372	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RHODES, ELDER K 1221 OAK ST. ALTAMONTE SPRINGS, FL 32701	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODES, SR., KEITHA 411 BASEWOOD LANE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RHODES, JR., KEITHA 1221 OAK ST. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, LILLIE 7668 FOREST CITY RD., APT. 184 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RHODES, EMMA 411 BASEWOOD LANE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATSON, MARY 201 MONROE AVE., #24A MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, SHARON 1221 OAK ST. ALTAMONTE SPRINGS, FL 32701

U00000367471  
05/18/05-80001-010 70.00

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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)(f), 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.	
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SIGNATURE: <u>Keith Rhodes, Jr. Keith Rhodes, Jr. 5-14-05</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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