

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 14, 2007 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

DO NOT WRITE IN THIS SPACE



01142007 No Chg-NP CR2E037 (4/06)

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 resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RHODES, SR., KEITHA
STREET ADDRESS 411 BASEWOOD LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE DVP
NAME RHODES, JR., KEITHA
STREET ADDRESS 1221 OAK ST.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE DS
NAME DAVIS, LILLIE
STREET ADDRESS 7668 FOREST CITY RD., APT. 184
CITY-ST-ZIP ORLANDO, FL 32810

TITLE DT
NAME RHODES, EMMA
STREET ADDRESS 411 BASEWOOD LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D
NAME JENKINS, MARY
STREET ADDRESS 411 BASEWOOD LN
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D
NAME RHODES, SHARON
STREET ADDRESS 1221 OAK ST.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

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03/23/07-80071-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

3-11-07 407 831-4145