

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003927

1. Entity Name

HOLINESS HOUSE CHURCH OF GOD, INC.



Principal Place of Business

707 TRENTON RD.
LAKELAND FL 33815

Mailing Address

707 TRENTON RD.
LAKELAND FL 33815

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1413579

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, BISHOP THOMAS
707 TRENTON ROAD
LAKELAND FL 33815

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, MARTY ☐ Delete
STREET ADDRESS 1035 ARLINGTON AVE. N., SUITE 1101
CITY- ST- ZIP LAKELAND FL 33815

TITLE DT
NAME BARLOW, NANCY ☐ Delete
STREET ADDRESS 707 TRENTON RD.
CITY- ST- ZIP LAKELAND FL 33815

TITLE SD
NAME JOHNSON, WANDA ☐ Delete
STREET ADDRESS 1035 ARLINGTON AVE. N., SUITE 1101
CITY- ST- ZIP LAKELAND FL 33815

TITLE VD
NAME CHAPMAN, THOMAS ☐ Delete
STREET ADDRESS 707 TRENTON RD.
CITY- ST- ZIP LAKELAND FL 33815

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000324280
04/22/05-80088-005 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE: *Bishop Thomas L. Chapman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2005 255-8522
Date Daytime Phone #