

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90165 009 \*\*\*\*70.00

**DOCUMENT # N02000003927**

1. Entity Name

**HOLINESS HOUSE CHURCH OF GOD, INC.**



Principal Place of Business

**2244 W. LANIER ST.  
LAKELAND FL 33815**

Mailing Address

**2244 W. LANIER ST.  
LAKELAND FL 33815**

2. Principal Place of Business

**707 TRENTON Rd.**

3. Mailing Address

**707 TRENTON Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKELAND FL.**

City & State

**LAKELAND FL**

4. FEI Number

**61-1413579**

Applied For

Not Applicable

Zip

**33815**

Country

**USA**

Zip

**33815**

Country

**USA/PAK**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, WANDA A  
2244 W. LANIER ST.  
LAKELAND FL 33815**

7. Name and Address of New Registered Agent

Name

**Bishop Thomas Chapman**

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

**707 TRENTON ROAD**

City

**LAKELAND**

FL

Zip Code

**33815**

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

**Thomas Chapman**

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**

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** ☐ Delete  
NAME **JOHNSON, MARTY**  
STREET ADDRESS **2244 W. LANIER ST.**  
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **DT** ☐ Delete  
NAME **BARLOW, NANCY**  
STREET ADDRESS **707 TRENTON RD.**  
CITY-ST-ZIP **LAKELAND FL 33875**

TITLE **SD** ☐ Delete  
NAME **JOHNSON, WANDA**  
STREET ADDRESS **2244 W. LANIER ST.**  
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **VD** ☐ Delete  
NAME **CHAPMAN, THOMAS**  
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 **PD** ☒ Change ☐ Addition  
NAME **MARTY JOHNSON**  
STREET ADDRESS **1035 ARLINGTON AVE. N.**  
CITY-ST-ZIP **SUITE 1101 ST. PETERSBURG FL. 33815**

TITLE **DT** ☐ Change ☐ Addition  
NAME **BARLOW, NANCY**  
STREET ADDRESS **707 TRENTON RD**  
CITY-ST-ZIP **LAKELAND, FLA 33815**

TITLE **SD** ☒ Change ☐ Addition  
NAME **WANDA JOHNSON**  
STREET ADDRESS **1035 ARLINGTON AVE. N.**  
CITY-ST-ZIP **SUITE 1101 ST. PETERSBURG FL. 33815**

TITLE **VD** ☒ Change ☐ Addition  
NAME **CHAPMAN THOMAS**  
STREET ADDRESS **707 Trenton RD Lakeland FL 33815**

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

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)(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:

**Wanda Johnson**

**JUL 27/03 (727)-551 0098**

CR2E037 (10/02)