

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02151**

1. Entity Name

JERICO HOLINESS CHURCH, INC.



Principal Place of Business

355 BARKER STREET  
PENSACOLA FL 32514  
US

Mailing Address

8660 SONNY BOY LN  
PENSACOLA FL 32514  
US

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

59-2395780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWENS, RUBY L.  
8660 HINSON STREET  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

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, 2004**

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 OWENS, SAM, JR. ☐ Delete  
STREET ADDRESS 8660 SONNY BOY LN  
CITY-ST-ZIP PENSACOLA FL

TITLE VD  
NAME WILSON, MARY CHRISTINE ☐ Delete  
STREET ADDRESS 700 BARCIA DR  
CITY-ST-ZIP PENSACOLA FL

TITLE S  
NAME GADSON, WILLIE LEE ☐ Delete  
STREET ADDRESS 2308 W. JORDAN STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE T  
NAME OWENS, RUBY L. ☐ Delete  
STREET ADDRESS 8660 SONNY BOY LN  
CITY-ST-ZIP PENSACOLA FL

TITLE D  
NAME WILSON, J. D. ☐ Delete  
STREET ADDRESS 700 BARCIA DR  
CITY-ST-ZIP PENSACOLA FL

TITLE D  
NAME GODSON, JAMES ☐ Delete  
STREET ADDRESS 2308 W. JORDAN STREET  
CITY-ST-ZIP PENSACOLA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000072461  
CITY-ST-ZIP 03/01/04-80112-003 61.25

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

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

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

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: **MARY CHRISTINE WILSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 27-2004 850476-8711**  
Date Daytime Phone #