

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90013 005 ****61.25

DOCUMENT # N03000002423

1. Entity Name

GOLDEN MEMORIAL HOLINESS CHURCH, INC.



Principal Place of Business

Mailing Address

6103 GOLDEN CHURCH ROAD
JAY FL 32565

PO BOX 523
JAY FL 32565

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

56-2348140

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

**GOLDEN, WILLIAM C
1608 RAA AVE
TALLAHASSEE FL 32303**

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME STRICKLAND, LEM
STREET ADDRESS 5915 GOLDEN CHURCH ROAD
CITY-ST-ZIP JAY FL 32565

TITLE ☐ Change ☒ Addition
NAME Lanette G Lowery
STREET ADDRESS 590 Hwy 41
CITY-ST-ZIP Brewton, AL 36426

TITLE ☐ Delete
NAME WALTHER, LAVON
STREET ADDRESS 6201 GOLDEN CHURCH ROAD
CITY-ST-ZIP JAY FL 32565

TITLE ☐ Change ☒ Addition
NAME Kathryn C Godwin
STREET ADDRESS 5580 Market Road
CITY-ST-ZIP Jay, FL 32565

TITLE ☐ Delete
NAME THOMAS, LIZZIE K
STREET ADDRESS 6220 TALL PINE ROAD
CITY-ST-ZIP JAY FL 32565

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

TITLE ☐ Delete
NAME WALL, FRANCES G
STREET ADDRESS 200 EARL STREET
CITY-ST-ZIP E. BREWTON AL 36426

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

TITLE ☐ Delete
NAME MARSHALL, DORIS G
STREET ADDRESS 5083 HWY 4 EAST
CITY-ST-ZIP JAY FL 32565

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

TITLE ☐ Delete
NAME ROWELL, GLADYS G
STREET ADDRESS 6224 OAKLAND DR.
CITY-ST-ZIP MILTON FL 32570

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5636 Nicklaus Lane
CITY-ST-ZIP

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

Jean G Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean G Wolfe, Treas 02-09-07

Date

Daytime Phone #