

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90015 040 \*\*\*\*61.25

**DOCUMENT # N03000002423**

1. Entity Name

**GOLDEN MEMORIAL HOLINESS CHURCH, INC.**



Principal Place of Business

**6103 GOLDEN CHURCH ROAD  
JAY FL 32565**

Mailing Address

**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

4. FEI Number **56-2348140**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE CR2E037 (10/07)



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, 2008**

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 **Trustee**  
STREET ADDRESS **Lanette G Lowery**  
CITY- ST- ZIP **590 Hwy 41**

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

TITLE ☐ Change ☐ Addition  
NAME **Brewton, Ala 36426**  
STREET ADDRESS **T Kathryn C Godwin**  
CITY- ST- ZIP **5580 Market RD**

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

TITLE ☐ Change ☐ Addition  
NAME **Jay, Fl 32565**  
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 **Gladys G Rowell**  
STREET ADDRESS **5636 Nicklaus Lane**  
CITY- ST- ZIP **Milton, Fl 32570**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Leon G. Wolfe* 2-4-08 850 675 4159