2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N03000002423

Entity Name: GOLDEN MEMORIAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

6103 GOLDEN CHURCH ROAD
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

PO BOX 523
JAY, FL 32565

New Mailing Address:

FEI Number: 56-2348140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: STRICKLAND, LEM
Address: 5915 GOLDEN CHURCH ROAD
City-St-Zip: JAY, FL 32565

Title: T ( ) Delete
Name: WALTHER, LAVON
Address: 6201 GOLDEN CHURCH ROAD
City-St-Zip: JAY, FL 32565

Title: T ( ) Delete
Name: THOMAS, LIZZIE K
Address: 6220 TALL PINE ROAD
City-St-Zip: JAY, FL 32565

Title: T ( ) Delete
Name: WALL, FRANCES G
Address: 200 EARL STREET
City-St-Zip: E. BREWTON, AL 36426

Title: T ( ) Delete
Name: MARSHALL, DORIS G
Address: 5083 HWY 4 EAST
City-St-Zip: JAY, FL 32565

Title: T ( ) Delete
Name: ROSWELL, GLADYS G
Address: 5636 NICKLAUS LANE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN G WOLFE TREA 03/09/2009

Electronic Signature of Signing Officer or Director — Date