2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N03000005660

Entity Name: THE HOLINESS CHURCH OF FLORIDA, INC.

Current Principal Place of Business:

12301 SW 216 STREET
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

10393 S.W. 153 ST.
MIAMI, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, WILL REV.
5855 SW 61 STREET
SOUTH MIAMI, FL 33143 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:	PD	( ) Delete
Name:	JAMES, WILL REV.	
Address:	5855 SW 61 STREET	
City-St-Zip:	MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	MCCRAY, CARL	
Address:	12301 SW 216 STREET	
City-St-Zip:	MIAMI, FL 33170	
Title:	D	( ) Delete
Name:	SALTERS, CARLA	
Address:	12301 SW 216 STREET	
City-St-Zip:	MIAMI, FL 33170	
Title:	D	( ) Delete
Name:	BROWN, RENATE ARNOLD	
Address:	12301 SW 216 STREET	
City-St-Zip:	MIAMI, FL 33170	
Title:	D	( ) Delete
Name:	FOUNTAIN, JOHNNYE	
Address:	12301 SW 216 STREET	
City-St-Zip:	MIAMI, FL 33170	
Title:	D	( ) Delete
Name:	SALTERS, RICKY	
Address:	12301 SW 216 STREET	
City-St-Zip:	MIAMI, FL 33170	

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:	D	(X) Change ( ) Addition
Name:	ARNOLD BROWN, RENATE	
Address:	12301 SW 216 STREET	
City-St-Zip:	MIAMI, FL 33170	
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: WILL JAMES PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date