


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009124	
1. Entity Name FOUNDATION HOLINESS CHURCH MINISTRIES INC.	

Principal Place of Business 1525 SOUTH COMBEE, UNIT 4 LAKELAND, FL 33801	Mailing Address P.O. BOX 314 HIGHLAND CITY, FL 33846
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DO NOT WRITE IN THIS SPACE



05082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0237433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NESBITT, ORLANDO C
1920 EAST EDGEWOOD DRIVE, UNIT G-3
LAKELAND, FL 33803

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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: Orlando C Nesbitt (NOTE: Registered Agent signature required when reinstating)

DATE: 5/31/05

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WALKER, AARON 801 NW 1ST AVE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, DEREK A 1344 EAST EDGEWOOD DRIVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JIMERSON, MARY 1716 WEST BELLA VISTA LAKELAND, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E COOK, DRUECILLA 1700 ANSLEY AVENUE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, MONICA 1339 FAIRWAY DRIVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/03/05-80006-007 70.00

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: Monica Bell **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

May 31, 2005 6856135
Date Daytime Phone #