

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003256

1. Entity Name
ALL SAINTS HOLINESS CHURCH H.O.G.S.I.C., INC.



Principal Place of Business
10391 MCLAURIN ROAD, EAST
JACKSONVILLE, FL 32256

Mailing Address
10391 MCLAURIN ROAD, EAST
JACKSONVILLE, FL 32256



04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3516766

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, HENRY L
10644 SQUIRES COURT
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PT
WILLIAMS, HENRY L
10644 SQUIRES CT
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
JAMES, MARGARET
10504 GREENVILLE ROAD
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
FORD, EZICHEL
6430 CORDIAL ST
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
FULTON, GLENDA S
10529 SHAMROCK RD
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MILLER, EVA M
7503 MCLAURIN RD
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000338784
05/27/08-80069-028 70.00

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

Henry L. Williams **HENRY L. WILLIAMS** 4/30/08 (904) 880-2912