

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003256

FILED  
Apr 30, 2009  
Secretary of State

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

## Current Principal Place of Business:

10391 MCLAURIN ROAD, EAST  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

10391 MCLAURIN ROAD EAST  
JACKSONVILLE, FL 32256

## Current Mailing Address:

10391 MCLAURIN ROAD, EAST  
JACKSONVILLE, FL 32256

## New Mailing Address:

10391 MCLAURIN ROAD EAST  
JACKSONVILLE, FL 32256

FEI Number: 59-3516766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, HENRY L  
10644 SQUIRES COURT  
JACKSONVILLE, FL 32257 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: PT ( ) Delete  
Name: WILLIAMS, HENRY L  
Address: 10644 SQUIRES CT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: JAMES, MARGARET  
Address: 10504 GREENVILLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Delete  
Name: FORD, EZICKEL  
Address: 6430 CORDIAL ST  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Delete  
Name: FULTON, GLENDA S  
Address: 10529 SHAMROCK RD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete  
Name: MILLER, EVA M  
Address: 7503 MCLAURIN RD  
City-St-Zip: JACKSONVILLE, FL 32256

## 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:

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: HENRY L. WILLIAMS

PT

04/30/2009

Electronic Signature of Signing Officer or Director

Date