


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90025 005 \*\*\*\*70.00

<b>DOCUMENT # N05000006570</b> 1. Entity Name <b>HOLDING-ON HOUSE OF PRAYER HOLINESS CHURCH, CORP</b>																																																																																													
Principal Place of Business <b>1204 SPRUCE STREET GREEN COVE SPRINGS, FL 32043</b>			Mailing Address <b>1204 SPRUCE STREET GREEN COVE SPRINGS, FL 32043</b>																																																																																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																											
City & State		City & State																																																																																											
Zip	Country	Zip	Country																																																																																										
<div style="display: flex; justify-content: space-between;"> <span>04012008 Chg-NP</span> <span>CR2E037 (12/06)</span> </div>																																																																																													
4. FEI Number <b>05-0618762</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																									
6. Name and Address of Current Registered Agent  <b>GOODMAN, KAWANA 1313 LOVE DRIVE GREEN COVE SPRINGS, FL 32043</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																									
Make check payable to Florida Department of State																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D GOODMAN, JEROME <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>603 WASHINGTON LANE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREEN COVE SPRINGS, FL 32043</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D GOODMAN, KAWANA <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1313 LOVE DRIVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREEN COVE SPRINGS, FL 32043</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>FP GOODMAN, FRANKIE <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1204 SPRUCE STREET</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREEN COVE SPRINGS, FL 32043</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Goodman KAWANA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>729 MACHINAW SE. JAX</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FL 32254</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	D GOODMAN, JEROME <input type="checkbox"/> Delete	NAME	603 WASHINGTON LANE	STREET ADDRESS	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP		TITLE	D GOODMAN, KAWANA <input type="checkbox"/> Delete	NAME	1313 LOVE DRIVE	STREET ADDRESS	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP		TITLE	FP GOODMAN, FRANKIE <input type="checkbox"/> Delete	NAME	1204 SPRUCE STREET	STREET ADDRESS	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Goodman KAWANA	STREET ADDRESS	729 MACHINAW SE. JAX	CITY-ST-ZIP	FL 32254	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	D GOODMAN, JEROME <input type="checkbox"/> Delete																																																																																												
NAME	603 WASHINGTON LANE																																																																																												
STREET ADDRESS	GREEN COVE SPRINGS, FL 32043																																																																																												
CITY-ST-ZIP																																																																																													
TITLE	D GOODMAN, KAWANA <input type="checkbox"/> Delete																																																																																												
NAME	1313 LOVE DRIVE																																																																																												
STREET ADDRESS	GREEN COVE SPRINGS, FL 32043																																																																																												
CITY-ST-ZIP																																																																																													
TITLE	FP GOODMAN, FRANKIE <input type="checkbox"/> Delete																																																																																												
NAME	1204 SPRUCE STREET																																																																																												
STREET ADDRESS	GREEN COVE SPRINGS, FL 32043																																																																																												
CITY-ST-ZIP																																																																																													
TITLE	<input type="checkbox"/> Delete																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
TITLE	<input type="checkbox"/> Delete																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
TITLE	<input type="checkbox"/> Delete																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																												
NAME	Goodman KAWANA																																																																																												
STREET ADDRESS	729 MACHINAW SE. JAX																																																																																												
CITY-ST-ZIP	FL 32254																																																																																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																												
NAME																																																																																													
STREET ADDRESS																																																																																													
CITY-ST-ZIP																																																																																													
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.																																																																																													
<b>SIGNATURE:</b> <u>Goodman Kawana</u> <span style="float: right;">4/11/08 (904) 264-3770</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																													