## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05910

FILED Jul 08, 2009 Secretary of State

Entity Name: GOD'S LOVE HOLINESS CHURCH, INC.

Current P	rincipal Place of Business:	New Principal Place of Business	:	
	DERSON STREET DLA, FL 32503			
Current N	failing Address:	New Mailing Address:		
	DERSON STREET DLA, FL 32503			
	r: 59-2517822 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did not re		of Status Desired (X)	
Name and	d Address of Current Registered Agent:	Name and Address of New Regis	stered Agent:	
MOULTRIE, PATSY MAE DAVENPORT 119 BERKLEY DR., POB 18764 PENSACOLA, FL 32503 US		MOULTRIE, PATSY MAE DAVENF 1100 EAST MAXWELL STREET PENSACOLA, FL 32503 US		
	e named entity submits this statement for the pur e of Florida.	ose of changing its registered office or re	gistered agent, or both,	
SIGNATUI	RE:	07/	(08/2009	
	Electronic Signature of Registered Agent	D	ate	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () Delete FORD, CORA M. 1322 E. KRAMER STREET PENSACOLA, FL	Title: ( ) Change ( ) Name: Address: City-St-Zip:	) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete DALE, OLLIE 1311 E. KRAMER STREET PENSACOLA, FL	Title: ( ) Change ( ) Name: Address: City-St-Zip:	) Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete MOULTRIE, BEVERLY 119 BERKLEY DR. PENSACOLA, FL	Title: ( ) Change ( ) Name: Address: City-St-Zip:	) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete JOHNSON, BARBARA 3140 TORRES DR. PENSACOLA, FL	Title: ( ) Change ( ) Name: Address: City-St-Zip:	) Addition	
Title: Name: Address: City-St-Zip:	PFP ( ) Delete MOULTRIE, PATSY MAE D. 119 BERKLEY DR. PENSACOLA, FL	Title: ( ) Change ( ) Name: Address: City-St-Zip:	) Addition	
Title: Name: Address:	D ( ) Delete BROWN, LOUISE 7543 COBBS LANE	Title: ( ) Change ( ) Name: Address:	) Addition	

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: PATSY MOULTRIE PFP 07/08/2009