

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2004  
Secretary of State**

DOCUMENT# N08003

Entity Name: THE HOLINESS CHURCH OF JESUS, INC. OF LAKELAND

**Current Principal Place of Business:**

C/O SHIRLEY A DUBOISE  
P.O. BOX 3704  
LAKELAND, FL 338023704

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SHIRLEY A DUBOISE  
P.O. BOX 3704  
LAKELAND, FL 338023704

**New Mailing Address:**

FEI Number: 59-1886461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBOISE, SHIRLEY A.  
614 W SECOND STREET  
LAKELAND, FL      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: VD      ( ) Delete  
Name: MCCALPIN, WILLIE,  
Address: 2946 PONCE DELEON WAY S.  
City-St-Zip: ST PETERSBURG, FL

Title: SD      ( ) Delete  
Name: GANT, PATRICIA,  
Address: 1820 W 10TH STREET  
City-St-Zip: LAKELAND, FL

Title: PD      ( ) Delete  
Name: GANT, CAESAR,  
Address: 1820 W 10TH STREET  
City-St-Zip: LAKELAND, FL

Title: D      ( ) Delete  
Name: MCCALPIN, ELLA FAYE,  
Address: 2946 PONCE DELEON WAY S  
City-St-Zip: ST PETERSBURG, FL

Title: TD      ( ) Delete  
Name: DUBOISE, SHIRLEY,  
Address: 5509 SUNSET WAY N.  
City-St-Zip: LAKELAND, FL

**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 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 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: SHIRLEY A, DUBOISE

TD

05/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date