2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 12, 2009
Secretary of State

DOCUMENT# N08003

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

Current Principal Place of Business:

C/0 SHIRLEY A DUBOISE
614 W. SECOND STREET
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

C/0 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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUBOISE, SHIRLEY A.
5509 SUNSET WAY NORTH
LAKELAND, FL 33805 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: SHIRLEY A. DUBOISE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) 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:	VD	( ) Delete
Name:	GANT, CAESAR	
Address:	1820 W 10TH STREET	
City-St-Zip:	LAKELAND, FL	
Title:	TD	( ) Delete
Name:	MCCALPIN, ELLA FAYE	
Address:	2946 PONCE DELEON WAY S	
City-St-Zip:	ST PETERSBURG, FL 33712	
Title:	PD	( ) Delete
Name:	DUBOISE, SHIRLEY	
Address:	5509 SUNSET WAY N.	
City-St-Zip:	LAKELAND, FL 33805	

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: SHIRLEY A. DUBOISE PD 11/12/2009
Electronic Signature of Signing Officer or Director — Date