



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90035 027 ****70.00

DOCUMENT # N11350 1. Entity Name THE HOUSE OF WORSHIP HOLINESS CHURCH, INC.					
Principal Place of Business 2087 FRANK E AVENUE JACKSONVILLE FL 32208-3714			Mailing Address 2087 FRANK E AVENUE JACKSONVILLE FL 32208-3714		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2661621 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Barcode: 	
6. Name and Address of Current Registered Agent GAMBLE, IRENE 3349 LANSDELL DRIVE JACKSONVILLE FL 32208			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV GRIFFIN, GARY SR <input checked="" type="checkbox"/> Delete 4500 KEY LARGO DRIVE JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRIFFIN, GARY SR. 4511 KEY LARGO DRIVE JACKSONVILLE FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete GRIFFIN, ALICIA 2445 DUNN AVENUE APT 1008 JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS <input type="checkbox"/> Delete EDWARDS, GAIL 2767 EVENTIDE DRIVE JACKSONVILLE FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <input checked="" type="checkbox"/> Delete GRIFFIN, GARY, SR 4500 KEY LARGO DRIVE JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CD LARRY JENKINS SR 10726 WINGATE JACKSONVILLE FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Delete THOMPSON, RONALD 5838 GILCHRIST RD JACKSONVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PPD IRENE GAMBLE 3349 LANSDELL DRIVE JACKSONVILLE FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <i>Irene Gamble</i> IRENE GAMBLE			Date: 02-20-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					