

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAMBLE, IRENE 3349 LANSDELL DRIVE JACKSONVILLE FL 32208			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	STV		TITLE		
NAME	GRIFFIN, GARY SR <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4511 KEY LARGO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE		
NAME	GRIFFIN, ALICIA		NAME		
STREET ADDRESS	2445 DUNN AVENUE APT 1008		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	SS <input type="checkbox"/> Delete		TITLE		
NAME	EDWARDS, GAIL		NAME		
STREET ADDRESS	2767 EVENTIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE		
NAME	JENKINS, LARRY SR		NAME		
STREET ADDRESS	10726 WINGATE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	PPD <input type="checkbox"/> Delete		TITLE		
NAME	GAMBLE, IRENE		NAME		
STREET ADDRESS	3349 LANSDELL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: IRENE GAMBLE <i>Irene Gamble</i>			02/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2661621**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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.

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**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	STV	<input type="checkbox"/> Delete
NAME	GRIFFIN, GARY SR	
STREET ADDRESS	4511 KEY LARGO DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRIFFIN, ALICIA	
STREET ADDRESS	2445 DUNN AVENUE APT 1008	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SS	<input type="checkbox"/> Delete
NAME	EDWARDS, GAIL	
STREET ADDRESS	2767 EVENTIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JENKINS, LARRY SR	
STREET ADDRESS	10726 WINGATE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	GAMBLE, IRENE	
STREET ADDRESS	3349 LANSDELL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000231904	
CITY-ST-ZIP	02/16/05-80051-012 70.00	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: IRENE GAMBLE *Irene Gamble*

02/11/05

Date Daytime Phone #