

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 039 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2661621

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STV ☒ Delete
NAME GRIFFIN, GARY SR
STREET ADDRESS 4511 KEY LARGO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE STV ☒ Change ☐ Addition
NAME GRIFFIN, GARY SR.
STREET ADDRESS 6750 CRYSTAL RIVER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ST ☒ Delete
NAME GRIFFIN, ALICIA
STREET ADDRESS 2445 DUNN AVENUE APT 1008
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ST ☒ Change ☐ Addition
NAME GRIFFIN, ALICIA
STREET ADDRESS 9833 WAYNESBORO AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE SS ☒ Delete
NAME EDWARDS, GAIL
STREET ADDRESS 2767 EVENTIDE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE SS ☒ Change ☐ Addition
NAME EDWARDS, GAIL
STREET ADDRESS 4411 TRENTON DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE CD ☐ Delete
NAME JENKINS, LARRY SR
STREET ADDRESS 10726 WINGATE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PPD ☐ Delete
NAME GAMBLE, IRENE
STREET ADDRESS 3349 LANSDELL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: PASTOR IRENE GAMBLE

Pastor Irene Gamble

2/03/06 (904) 764-3043