2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N11350

1. Entity Name

THE HOUSE OF WORSHIP HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
2087 FRANK E AVENUE JACKSONVILLE FL 32208-3714 US	P O BOX 9650 JACKSONVILLE FL 32208-0650 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STV GRIFFIN, GARY SR 6750 CRYSTAL RIVER ROAD JACKSONVILLE FL 32219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000848733 03/20/08-80029-018 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GRIFFIN, ALICIA 9833 WAYNESBORO AVE JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SS EDWARDS, GAIL 4411 TRENTON DRIVE SOUTH JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JENKINS, LARRY SR 10726 WINGATE JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD GAMBLE, IRENE 3349 LANSDELL DRIVE JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 02/28/2008 (904) 764-3043