2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# N11350

Entity Name: THE HOUSE OF WORSHIP HOLINESS CHURCH, INC.

Current Principal Place of Business:

2087 FRANK E AVENUE
JACKSONVILLE, FL 322083714 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9650
JACKSONVILLE, FL 322080650 US

New Mailing Address:

FEI Number: 59-2661621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAMBLE, IRENE
3349 LANSDELL DRIVE
JACKSONVILLE, FL 32208 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STV
Name: GRIFFIN, GARY SR
Address: 6750 CRYSTAL RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: CS
Name: GRIFFIN, ALICIA
Address: 11451 WHISPERINGBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S
Name: EDWARDS, GAIL
Address: 4411 TRENTON DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: TS
Name: HOLMES, PHOTINA
Address: 6750 CRYSTAL RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: PPD
Name: GAMBLE, IRENE
Address: 3349 LANSDELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby 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 all other like empowered.

SIGNATURE: PASTOR IRENE GAMBLE PRA 03/23/2011

Electronic Signature of Signing Officer or Director — Date