

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11350

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**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: VST  
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: 1320 BROAD STREET APT#416  
City-St-Zip: JACKSONVILLE, FL 32202 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: IRENE GAMBLE

PPD

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date