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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	ANNOAL	REPORT (A	<u>Kj</u>		FILED)	
1. Entity Nam				Jan 29, 2005 08:00 AM Secretary of State			
WHITEHO	DUSE FULL GOSPEL CHUI	RCH, INC.		7	v		
· · · · · · · · · · · · · · · · · · ·		Mailing Address		-			-
417 MAPLE AVE. 55 HALSEMA ROAD NORTH JACKSONVILLE FL 32220 US		%JOE HOUSTON 55 HALSEMA RD. I JACKSONVILLE FI US	N - 3220601		1881 (1881 ANNIE 21882 SIII BIBII BIBII		
2. Principal Place of Business		3. Mailing Address	·				
Suite, Apt	#, etc	Suite, Apt. #, etc.		1st MO	ORE CR2EO	37 (10/04)	
City & State		City & State		4. FEI Number	9-3173854	 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desíred	\$8.75 Add Fee Require	ditional ed
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Addr	ess of New Registered	Agent	*
HOUSTON, JOE				Street Address (P.O. Box Number is Not Acceptable)			
55 HALSEMA RD. N. JACKSONVILLE FL 32220			Street Addres	S (F.O. BOX (VOII)DE IS IV	ot Acceptable)		· · · · · · · · · · · · · · · · · · ·
			City			Zip Cod	 le
	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or regis	tered agent, or both, in t	he State of Florida. I am	familiar with,	and accept
SIGNATURE	Classic and an address of the second	and and tille to graduate to	AIOT. S. wood f		DATE		
·	Signature, typed or printed name of registered eg	enrand (rie il applicable	(NOTE Registered Agent signature requ	ired when reinstating)	LA(E	· · · · · · · · · · · · · · · · · · ·	************
	FILE NOW: FEE IS \$61.25		Campaign Financing	\$5.00 May Be	Make Ched	k Payable	ta
	Due By May 1, 2005	Trust Fu	nd Contribution.	Added to Fees	Florida Depa		
10.	OFFICERS AND		nd Contribution.	Added to Fees		riment of 5	State
TITLE NAME	OFFICERS AND I		11. TITLE NAME	Added to Fees	Florida Depa	ITIMENT OF S INECTORS IN Change	State 1 10 Addition
THE	OFFICERS AND	DIRECTORS	11. 111.E	Added to Fees	Florida Depa	ITIMENT OF S INECTORS IN Change	State 1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PD HOUSTON, JOSEPH JR 417 MAPLE AVE JACKSONVILLE FL VD	DIRECTORS	11. IIILE NAME STREEI ADDRESS GITY- ST-ZIR DITLE	Added to Fees	Florida Depa	ITIMENT OF S INECTORS IN Change	State 1 10 Addition
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Daytime Phone #