

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

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90103 043 ****66.25

DOCUMENT # N44968

1. Entity Name

DIVINE HOLINESS CHURCH, INC.



Principal Place of Business

1592 S.E. VILLAGE GREEN DRIVE
BAY H PORT
ST. LUCIE FL 34952

Mailing Address

1592 S.E. VILLAGE GREEN DRIVE
BAY H PORT
ST. LUCIE FL 34952

50011282



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWAY, LEROY
2176 S.E. GASLIGHT ST.
PORT ST. LUCIE FL 34952

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, 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

TITLE **CT** ☐ Delete
NAME **EDWARDS, EULALEE**
STREET ADDRESS **2699 RUFFIN TERR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **T** ☐ Delete
NAME **LAMOTTE, CATHERINE**
STREET ADDRESS **3410 S.W. SOVINA BLVD.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **T** ☐ Delete
NAME **DAVIS, ANNETA**
STREET ADDRESS **773 N.W. KILPATRICK DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **T** ☐ Delete
NAME **WILLIAMSON, CYNTHIA**
STREET ADDRESS **2698 SE BIKN LANE**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE **D** ☐ Delete
NAME **GREENAWAY, DORCAS**
STREET ADDRESS **2176 SE GASLIGHT STREET**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **D** ☐ Delete
NAME **GREENAWAY, LEROY**
STREET ADDRESS **2176 SE GASLIGHT ST**
CITY-ST-ZIP **PSL FL 34932**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-06