

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90074 043 ****61.25

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

DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 #

7-5-07 772-337-2312