

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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02/11/08-20004-017 61.25

**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 #