

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

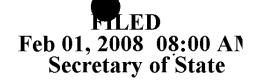
The second of the second

And the second of the second o

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

BAY H PORT ST. LUCIE, FL 34952





01282008 No Chg-NP

CR2E037 (4/06)

Daytime Phone #

4.	FEI Number	<u> </u>	Applied For		
	NOT APPLICABLE		ŀ	Not Applicable	
5.	Certificate of Status Desired			8.75 Additional	

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	

			the second second second	· · · · · · · · · · · · · · · · · · ·		
	named entity submits this statement for the pations of registered agent.	urpose of changing its registere		th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	SIGNATURE					
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan- Trust Fund Contribution.	cing \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		To produce the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT EDWARDS, EULALEE 2699 RUFFIN TERR. PORT ST. LUCIE, FL 34952		A STATE OF THE STA	Hononoginege		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMOTTE, CATHERINE 3410 S.W. SOVINA BLVD. PORT ST. LUCIE, FL 34953		The state of the s	02/11/08-80004-017 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS; ANNETA 773 N.W. KILPATRICK DR. PORT ST. LUCIE, FL 34983		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMSON, CYNTHIA 2698 SE BIKN LANE PT ST LUCIE, FL 34952			the house of the same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENAWAY, DORCAS 2176 SE GASLIGHT STREET PORT ST LUCIE, FL 34952		the figure of the state of the	and the state of t		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENAWAY, LEROY 2176 SE GASLIGHT ST PSL, FL 34932		the many the state of the state	Constitution of the second		
indicated of the cor	on this report or supplemental report is true a	and accurate and that my signated to execute this report as require	ure shall have the same legal effec	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if 		