

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44968

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: DIVINE HOLINESS CHURCH, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

PO. BOX 922  
FORT PIERCE, FL 34954

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 922  
FORT PIERCE, FL 34954

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CT ( ) Delete  
Name: EDWARDS, EULALEE  
Address: 2699 RUFFIN TERR.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T ( ) Delete  
Name: LAMOTTE, CATHERINE  
Address: 3410 S.W. SOVINA BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T ( ) Delete  
Name: DAVIS, ANNETA  
Address: 773 N.W. KILPATRICK DR.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T ( ) Delete  
Name: WILLIAMSON, CYNTHIA  
Address: 2698 SE BIKN LANE  
City-St-Zip: PT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: GREENAWAY, DORCAS  
Address: 2176 SE GASLIGHT STREET  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: GREENAWAY, LEROY  
Address: 2176 SE GASLIGHT ST  
City-St-Zip: PSL, FL 34932

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORCAS GREENAWAY

D

01/25/2009

Electronic Signature of Signing Officer or Director

Date