2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# N93000001264

Entity Name: CORINTH HOLINESS CHURCH, INC.

Current Principal Place of Business:

319 WEST 21ST STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12577
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-3174934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, RUBY D
319 WEST 21ST STREET
JACKSONVILLE, FL 32206 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:	DC	( ) Delete
Name:	PETERSON, RUBY D	
Address:	RT. 3, BOX 1925	
City-St-Zip:	FOLKSTON, GA	
Title:	DT	( ) Delete
Name:	BURCH, CLIFFORD	
Address:	410 ALLEN ST	
City-St-Zip:	PEARSON, GA	
Title:	D	( ) Delete
Name:	EVERETT, RUFUS	
Address:	PO BOX 174	
City-St-Zip:	FOLKSTON, GA 31537	
Title:	DS	( ) Delete
Name:	PETERSON, GEORGE T	
Address:	RT. 2, BOX 1463	
City-St-Zip:	FOLKSTON, GA	
Title:	D	( ) Delete
Name:	ANDERSON, ROSE A	
Address:	3330 CAPITULA STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	DV	( ) Delete
Name:	BURCH, MARGARET	
Address:	410 ALLEN ST	
City-St-Zip:	PEARSON, GA	

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 for the exemption stated in Section 119.07(3)(i), 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: GEORGE T PETERSON DS 04/17/2004
Electronic Signature of Signing Officer or Director — Date