

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001264

FILED
May 25, 2005
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

05/25/2005

Electronic Signature of Signing Officer or Director

Date