

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001264

FILED
Apr 22, 2007
Secretary of State

Entity Name: CORINTH HOLINESS CHURCH, INC.

Current Principal Place of Business:

3330 CAPITOLA STREET
JACKSONVILLE, FL 32209 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
3330 CAPITOLA STREET
JACKSONVILLE, FL 32209 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. 4 BOX 1225
City-St-Zip: FOLKSTON, GA 31537 US

Title: DT () Delete
Name: PETERSON, DERRICK
Address: 2327 SPRING LAKE DRIVE
City-St-Zip: FOLKSTON, GA 31537 US

Title: D () Delete
Name: EVERETT, RUFUS
Address: PO BOX 174
City-St-Zip: FOLKSTON, GA 31537 US

Title: DS () Delete
Name: PETERSON, GEORGE T
Address: 2327 SPRING LAKE DRIVE
City-St-Zip: FOLKSTON, GA 31537 US

Title: D () Delete
Name: ANDERSON, ROSE A
Address: 3330 CAPITOLA STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: DV () Delete
Name: CASH, WANDA
Address: 1390 SHEARWATER DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

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: D (X) Change () Addition
Name: ANDERSON, ROSE A
Address: 3330 CAPITOLA STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

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 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: GEORGE T PETERSON

DS

04/22/2007

Electronic Signature of Signing Officer or Director

Date