2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001264

City-St-Zip:

Title:

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Name:

Address:

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FOLKSTON, GA 31537 US

ANDERSON, ROSE A

CASH WANDA

3330 CAPITOLA STREET

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JACKSONVILLE, FL 32209 US

1390 SHEARWATER DRIVE

JACKSONVILLE, FL 32218 US

Entity Name: CORINTH HOLINESS CHURCH, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3330 CAPITOLA STREET JACKSONVILLE, FL 32209 US **Current Mailing Address: New Mailing Address:** P.O. BOX 12577 JACKSONVILLE, FL 32209 US FEI Number: 59-3174934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, RUBY D PETERSON, GEORGE T 3330 CAPITÓLA STREET 3330 CAPITOLA STREET US JACKSONVILLE, FL 32209 US JACKSONVILLE, FL 32209 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: GEORGE T PETERSON 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DC () Change () Addition PETERSON, RUBY D Name: Name: RT. 4 BOX 1225 Address: Address: City-St-Zip: FOLKSTON, GA 31537 US City-St-Zip: Title: () Delete Title: (X) Change () Addition PETERSON, DERRICK Name: PETERSON, DERRICK Name: Address: 2327 SPRING LAKE DRIVE Address: 29 OWEN SPATCHER RD City-St-Zip: FOLKSTON, GA 31537 US City-St-Zip: FOLKSTON, GA 31537 US Title: () Delete Title: () Change () Addition EVERETT, RUFUS Name: Name: Address: PO BOX 174 Address: City-St-Zip: FOLKSTON, GA 31537 US City-St-Zip: (X) Change () Addition Title: DS () Delete Title: DS Name: PETERSON, GEORGE T Name: PETERSON, GEORGE T 29 OWEN SPATCHER RD Address: 2327 SPRING LAKE DRIVE Address:

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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FOLKSTON, GA 31537 US

() Change () Addition

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SIGNATURE: GEORGE T PETERSON RA 04/20/2009