

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000001724**

1. Entity Name:  
**HOLY OF HOLINESS TABERNACLE OF JESUS CHRIST,  
INC.**



Principal Place of Business  
**430 N 7TH STREET  
FORT PIERCE, FL 34950**

Mailing Address  
**2903 TROPIC BLVD  
FORT PIERCE, FL 34946**



02272008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional  
Fee Required!**

6. Name and Address of Current Registered Agent

**TATE, DAISY M  
2903 TROPIC BLVD  
FT PIERCE, FL 34950**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                                                  |                                                                        |
|--------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | POD<br>TATE, DAISY M<br>430 N 7TH STREET<br>FT PIERCE, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VTD<br>PEARSON, LINDA M<br>430 N 7TH STREET<br>FT PIERCE, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | SD<br>LOCKHART, BERNADINE<br>430 N 7TH STREET<br>FORT PIERCE, FL 34946 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                        |

U00000855139  
03/27/08-80037-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Daisy M Tate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/08 (712) 464-9726*

Date

Daytime Phone #