

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001724

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

430 N 7TH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2903 TROPIC BLVD
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TATE, DAISY M
2903 TROPIC BLVD
FT PIERCE, FL 34950 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: PD () Delete
Name: TATE, DAISY M
Address: 430 N 7TH STREET
City-St-Zip: FT PIERCE, FL

Title: VTD () Delete
Name: PEARSON, LINDA M
Address: 430 N 7TH STREET
City-St-Zip: FT PIERCE, FL

Title: SD () Delete
Name: LOCKHART, BERNADINE
Address: 430 N 7TH STREET
City-St-Zip: FORT PIERCE, FL 34945

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:

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.

SIGNATURE: LINDA M. PEARSON

VTD

03/03/2009

Electronic Signature of Signing Officer or Director

Date