FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:26

REMITTED BY MAY 1

DOCUMENT # **N94000004545 (9)**

1. Corporation Name

GOD HOLY MISSION INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROUTE 1, BOX 299, HWY 207 EAST PALATKA FL 32131	ROUTE 1, BOX 299 HWY 207 EAST PALATKA FL 32131

3. Date Incorporated or Qualified: **09/12/1994** | 3a. Date of Last Report:

4. FEI Number: **59-3275405** | ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADDY, ANNIE L ROUTE 1, BOX 299, HWY. 207 EAST PALATKA FL 32131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (required) (Typed or printed name of registered agent and title if applicable.) (Registered Agent signature required for all changes authorized.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE T	Pastor	1 1 TITLE	☐ Change ☐ Addition
1 NAME	Laura Eubanks	1 2 NAME	
1 STREET ADDRESS	RT 1 Box 284 P.L.P. Dr. #1	1 3 STREET ADDRESS	
1 CITY ST ZIP	Palatka FL 32177	1 4 CITY ST ZIP	
2 TITLE T	Pastor	2 1 TITLE	☐ Change ☐ Addition
2 NAME	ANNIE L Braddy	2 2 NAME	
2 STREET ADDRESS	Rt 1 Box 299 HWY 207	2 3 STREET ADDRESS	
2 CITY ST ZIP	East Palatka Fla 32131	2 4 CITY ST ZIP	
3 TITLE T	Treas	3 1 TITLE	☐ Change ☐ Addition
3 NAME	Darlene Simmons	3 2 NAME	
3 STREET ADDRESS	900 N 15th St Apt B140	3 3 STREET ADDRESS	
3 CITY ST ZIP	Palatka Fla 32177	3 4 CITY ST ZIP	
4 TITLE	Clarence Simmons Jr	4 1 TITLE	☐ Change ☐ Addition
4 NAME	900 N 15th St Apt B140	4 2 NAME	
4 STREET ADDRESS	Palatka Fla 32177	4 3 STREET ADDRESS	
4 CITY ST ZIP		4 4 CITY ST ZIP	
5 TITLE		5 1 TITLE	☐ Change ☐ Addition
5 NAME		5 2 NAME	
5 STREET ADDRESS		5 3 STREET ADDRESS	
5 CITY ST ZIP		5 4 CITY ST ZIP	
6 TITLE		6 1 TITLE	☐ Change ☐ Addition
6 NAME		6 2 NAME	
6 STREET ADDRESS		6 3 STREET ADDRESS	
6 CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added to the report.

SIGNATURE: Laura Eubanks — 4-18-95 — 904-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023806