1/14/00-90025-007-$61.25-$61.25

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DOCUMENT # N94000004545

1. Entity Name

GOD HOLY MISSION INC.

FILED

00 FEB 25 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROUTE 1, BOX 299, HWY. 207 SUITE 104 EAST PALATKA FL 32131 US	ROUTE 1, BOX 299, HWY. 207 SUITE 104 EAST PALATKA FL 32131-9801 US

2. Principal Place of Business	3. Mailing Address
101 Miller ST	104 Ivy Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palatka	City & State: East Palatka Fla
Zip: 32177 Country: PUTNAM	Zip: 32131 Country: PUTNAM

4. FEI Number 59-3275405 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADDY, ANNIE L
ROUTE 1, BOX 299, HWY. 207
EAST PALATKA FL 32131

7. Name and Address of New Registered Agent

Name: Annie L Braddy
Street Address (P.O. Box Number is Not Acceptable)
104 Ivy Road
City: East Palatka FL Zip Code 32131

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALKER, JERRIE P.O. BOX 214 N/A SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair m Walker Jerrie	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRADDY, ANNIE L RT. 1 BOX 299 HWY 207 EAST PALATKA FL 32131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor Annie L Braddy	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADT SIMMONS, DARLENE 900 N. 15TH APT. B140 PLATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Simmons Darlene	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, CLARENCE J 900 N 15TH APT B140 PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Simmons Clarence J.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REEVES, MELANIE A P.O. BOX 126 N/A EAST PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dec Reeves Melanie	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Annie Braddy 1-6-00 904 3290664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #