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

R)

# 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<br>SUITE 104<br>EAST PALATKA FL 32131<br>US | ROUTE 1, BOX 299, HWY. 207<br>SUITE 104<br>EAST PALATKA FL 32131-9801<br>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 | 7. Name and Address of New Registered Agent |
|---|---|
| BRADDY, ANNIE L<br>ROUTE 1, BOX 299, HWY. 207<br>EAST PALATKA FL 32131 | Name: Annie L Braddy<br>Street Address (P.O. Box Number is Not Acceptable): 104 Ivy Road<br>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: T [ ] Delete | | TITLE: Chair m [ ] Change [ ] Addition | |
| NAME: WALKER, JERRIE | | NAME: Walker Jerrie | |
| STREET ADDRESS: P.O. BOX 214 N/A | | STREET ADDRESS: | |
| CITY-ST-ZIP: SATSUMA FL 32189 | | CITY-ST-ZIP: | |
| TITLE: T [ ] Delete | | TITLE: Pastor [ ] Change [ ] Addition | |
| NAME: BRADDY, ANNIE L | | NAME: Annie L Braddy | |
| STREET ADDRESS: RT. 1 BOX 299 HWY 207 | | STREET ADDRESS: | |
| CITY-ST-ZIP: EAST PALATKA FL 32131 | | CITY-ST-ZIP: | |
| TITLE: ADT [ ] Delete | | TITLE: Secretary [ ] Change [ ] Addition | |
| NAME: SIMMONS, DARLENE | | NAME: Simmons Darlene | |
| STREET ADDRESS: 900 N. 15TH APT. B140 | | STREET ADDRESS: | |
| CITY-ST-ZIP: PLATKA FL 32177 | | CITY-ST-ZIP: | |
| TITLE: D [ ] Delete | | TITLE: Deacon [ ] Change [ ] Addition | |
| NAME: SIMMONS, CLARENCE J | | NAME: Simmons Clarence J. | |
| STREET ADDRESS: 900 N 15TH APT B140 | | STREET ADDRESS: | |
| CITY-ST-ZIP: PALATKA FL 32177 | | CITY-ST-ZIP: | |
| TITLE: D [ ] Delete | | TITLE: Sec [ ] Change [ ] Addition | |
| NAME: REEVES, MELANIE A | | NAME: Reeves Melanie | |
| STREET ADDRESS: P.O. BOX 126 N/A | | STREET ADDRESS: | |
| CITY-ST-ZIP: EAST PALATKA FL 32177 | | CITY-ST-ZIP: | |
| TITLE [ ] Delete | | TITLE [ ] Change [ ] Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

TS

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 L Braddy 1-6-00 904 329 0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #