

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90094 002 \*\*\*\*61.25

**DOCUMENT # N94000004545**

1. Entity Name

GOD HOLY MISSION INC.



Principal Place of Business

101 MILLER ST  
PALATKA FL 32177  
US

Mailing Address

104 IVY ROAD  
EAST PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (4/04)

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  
104 IVY ROAD  
EAST PALATKA FL 32131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Annie L. Braddy*

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

(NOTE: Registered Agent signature required when reinstating)

*7/3/04*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TDC ☐ Delete  
NAME WALKER, JERRIE  
STREET ADDRESS P.O. BOX 214 N/A  
CITY-ST-ZIP SATSUMA FL 32189

TITLE *Pastor Helper* ☐ Change ☐ Addition  
NAME *Gregory Tyrone Smith*  
STREET ADDRESS *P.O. Box 214*  
CITY-ST-ZIP *Satsuma FL 32177*

TITLE PTD ☐ Delete  
NAME BRADDY, ANNIE L  
STREET ADDRESS RT. 1 BOX 299 HWY 207  
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE *Pastor Helper* ☐ Change ☐ Addition  
NAME *Eddie Warner*  
STREET ADDRESS *State Road 207 371*  
CITY-ST-ZIP *East Palatka FL 32131*

TITLE ~~ADT~~ ☒ Delete  
NAME SIMMONS, DARLENE  
STREET ADDRESS 900 N. 15TH APT. B140  
CITY-ST-ZIP PLATKA FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SIMMONS, CLARENCE J  
STREET ADDRESS 900 N 15TH APT B140  
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME REEVES, MELANIE A  
STREET ADDRESS 202 SOUTH 15TH STREET  
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Melanie Athela Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/3/04*

DATE

*386) 312-0321*

DAYTIME PHONE #