


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 033 \*\*\*\*61.25

<b>DOCUMENT # N94000004545</b>			
1. Entity Name <b>GOD HOLY MISSION INC.</b>			
Principal Place of Business <b>101 MILLER ST PALATKA FL 32177 US</b>		Mailing Address <b>104 IVY ROAD EAST PALATKA FL 32131</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>104 Ivy Road</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>East Palatka FL</i>	
Zip	Country	Zip	Country
		<i>32131</i>	<i>Palatka</i>
6. Name and Address of Current Registered Agent  <b>BRADDY, ANNIE L 104 IVY ROAD EAST PALATKA FL 32131</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3275405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TDC WALKER, JERRIE P.O. BOX 214 N/A SATSUMA FL 32189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Pastor Steward</i> <i>Purifoy, Darrell</i> <i>202 South 15th Street</i> <i>Palatka, FL 32177</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD BRADDY, ANNIE L RT. 1 BOX 299 HWY 207 EAST PALATKA FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Second Steward</i> <i>VEBA, Eddie</i> <i>11th Street</i> <i>Palatka, FL 32177</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD REEVES, MELANIE A 202 SOUTH 15TH STREET PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PH SMITH, GREGORY T PO BOX 214 PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 REEVES**

*1/21/07 356)312-0321*