2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Sep 04, 2008 8:00 am
Secretary of State
08-19-2008 90003 022 ****61.25

DOCUMENT # N94000004545

1. Entity Name

GOD HOLY MISSION INC.

Principal Place of Business	Mailing Address
101 MILLER ST PALATKA FL 32177 US	104 IVY ROAD EAST PALATKA FL 32131

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
105 Hudson St	104 Ivy Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palatka Fla	City & State: East Palatka Fla
Zip: 32177 County: Putnam	Zip: 32131 County: 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 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 title, if applicable. (NOTE: Registered Agent signature required for filing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TDC WALKER, JERRIE P.O. BOX 214 N/A SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BRADDY, ANNIE L RT. 1 BOX 299 HWY 207 EAST PALATKA FL 32131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REEVES, MELANIE A 202 SOUTH 15TH STREET PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PH SMITH, GREGORY T PO BOX 214 PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS PURIFOY, DARRELL 202 SOUTH 15TH ST PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SS VERB, EDDIE 11TH ST PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Annie L Braddy 9-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #