

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90087 006 ****61.25

DOCUMENT # N95000000019

1. Entity Name

GALLOWAY HOLINESS CHURCH, INC.



Principal Place of Business

**2331 D.R. BRYANT ROAD
LAKELAND FL 33809**

Mailing Address

**2331 D.R. BRYANT ROAD
LAKELAND FL 33809**

22003845



2. Principal Place of Business

3. Mailing Address

6203 Lynmar DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

LAKELAND FL

4. FEI Number **59-3318116**

Applied For

Not Applicable

Zip

Country

Zip

Country

33813 FLK

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

**O'STEEN, DARRYL
2331 D.R. BRYANT ROAD
LAKELAND FL 33809**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MEREDITH, W J**
STREET ADDRESS **4801 LEWELLYN ROAD**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **DV** ☐ Delete
NAME **O'STEEN, HOSIE L**
STREET ADDRESS **2745 PRINCE ROAD**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **STD** ☒ Delete
NAME **DOUGLAS, MARGIE**
STREET ADDRESS **4281 KATHLEEN ROAD**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **D.** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D. Darryl O'STEEN**
STREET ADDRESS **2331 D.R. BRYANT ROAD**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **RENO POWERS**
CITY-ST-ZIP **6203 Lynmar DR**
LAKELAND FL 33813

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-03

863-559-2360

CR2E037 (10/02)