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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600003974

1. Corporation Name

GLORIOUS HOLINESS CHURCH OF GOD, INCORPORATED

Principal Place of Business

Mailing Address

1014 E STREET PENSACOLA FL 32501 POST OFFICE BOX 9523 PENSACOLA FL 32513

FILED Mar 02, 1999 8:00 am § Secretary of State

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| 2. Principal Pl | ace of Business | 2a. Mailing Address | | _ | | | orated or Qual | fed | | | | l |
|----------------------------|---|----------------------------------|----------------------|-----------------|--|----------------|-------------------------------|------------------------|---------------|-------------------------|---------------------|-----|
| 21 1114 | North "E" ST. | 26 P.O. BOX | <u> </u> | <u> 523</u> | | 07/26/19 | | | | | | l |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4 | FEI Numbe | | • | L | | ied For | |
| 22 | | 27 | | | | 59-3152 | 400 | | | | Applicable | |
| City & State | | 28 PENSACUL | a 1 | FI | 5 | . Certifcate o | f Status Desire | d 🗆 | * · | / 5 Ad e Requ | ditional uired | ļ |
| 23 とこ へ、 Zip コ つ | SACULA, FI | Zip Zip | Country | , | | - Flooties Co | mneien Einene | ina | | .00 м | | |
| <u>⋥</u> ″32 | Sol [25] | 29 32513 30 | , , | | 10 | | mpaign Financ Contribution | mg 🗆 | | ded to | | l |
| 24 - | 9. Name and Address of Current | | | | 10 | | Address of No | w Registe | | | | İ |
| | | | 81 | Name | 0-0 | · 14 | 1 / | | 1 A | | - | |
| CAUSEY, ANNIE W | | | | Street A | Han | | nber is Not Acc | entable) | y- | | | |
| 3400 WEST BOBE STREET | | | | Suger | Auuloss (| ,F.O. BOX NUI | IIDGI IS NOLAC | оргаото, | | | | |
| PENSACOLA FL 32505 | | | | 31 | 4 110 | 111 | Buha | $\overline{\varsigma}$ | _ | | | l |
| | | | | City | 700 | <u> </u> | <u> </u> | | 85 | Zip Co | ode . | |
| | | | 84 | 1 | Hen | SACO | 14 | | FL | 3 a. | 505 | |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Florida Statutes, | the abov | e-named o | corporation's | on submits thi | s statement for | the purpos | e of changin | ig its re | egistered stered | l |
| agent. I a | egistered agent, or both, in the State of manifer with, and accept the obligation | ns of, Section 617.0503, Florida | Statutes | iiie coipo | | . 4 | ors. Prioreby a | ccopt ato a | . / | | 0.0.00 | ĺ |
| SIGNATURE | Marie UT | Olisen. | | HW | اعادد | w. La | useu | | 1/20/ | 99 | | 1 |
| | | | | nt signature re | nedwined when | | CHANGES TO | OCCICEDS | E AND DIDE | CTOB | S IN 12 | 1 |
| 12. | OFFICERS AND | DIRECTORS | 13. | ı | T | ADDITIONS | CHANGES TO | OFFICER | Cha | | Addition | |
| TITLE | D TADVED CHIMA | DECETE | 1.1 TITLE | - | Ta | LUYA. | Chia | (A) | EQ 0110 | 1- | | |
| NAME | TARVER, CHINA 2803 MATTHEW ST | | 1.2 NAME | T 1000000 | 20 | | 444 | . <+ | - 1 | ٠ <u>/</u> . | Hustee | V |
| STREET ADDRESS | PENSACOLA FL 32505 | | 1.3 STREET ADDRESS 3 | | 280 | 03 M | atthey | ن مبر | 2505 | - (| 1100 | 1 |
| CITY-\$T-ZIP | D | 1.4 C | | si-ZIP | باسو | NSTCL | / 1 AP / PP | -1 - | ☐ Cha | лде | Addition | l |
| TITLE | ANNIE W. CAUSEY | | 2.2 NAME | | | | | | | • | | |
| NAME | 3400 W. BOBE ST. | | 2.3 STREET ADDRESS | | | | | | | | | ĺ |
| STREET ADDRESS | PENSACOLA FL | | 2. 4 CITY-ST-ZIP | | ` } | | | | | | | l |
| CITY-ST-ZIP | D DELETE | | 3.1 TITLE | | | | - | | ☐ Cha | nge | ☐ Addition | i - |
| NAME | | | 3.2 NAME | | | | | | _ | | | |
| STREET ADDRESS | 3514 N. GRANDVIEW ST. | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 3.4. CITY-ST-ZIP | | | | | | | | | |
| TITLE | D | | | 4.1 TITLE | | | | | ☐ Cha | inge | Addition | ĺ |
| NAME | MRS. MARY HODGES | | 4.2 NAME | Į | Į. | | | | | | | |
| STREET ADDRESS | 1002 W. GONZALEZ ST. | | 4.3 STREE | TADDRESS | | | | | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 4.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | | | | | ☐ Cha | ınge | Addition | |
| NAME | ALONZO WIGGINS | | 5.2 NAME | 1 | 1 | | | | | | | j |
| STREET ADDRESS | COOK IN COOKE OF | | 5.3 STREET ADDRESS | | | | | | | | | (|
| CITY-ST-ZIP | PENSACOLA FL | | 5.4 CITY- S | ST-ZIP | | | | | | | | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | | | | | | ☐ Cha | inge | ☐ Addition | |
| NAME | MARY TRAVIS | | 6.2 NAME | | | | | | | | | 1 |
| STREET ADDRESS | 1603 N. 6TH AVE. | | 6.3 STREE | TADDRESS | 1 | | | | | | | Į |
| CITY-ST-ZIP | PENSACOLA FL | | 6.4 CITY-ST-ZIP | | 1 | | | | | | | 1 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annie W. Causey 850-434-039