2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # N96000003974 1. Entity Name GLORIOUS HOLINESS CHURCH OF GOD. 08 APR -3 AM 10: 12 INCORPORATED SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 9523 1014 NE ST. PENSACOLA, FL 32501 PENSACOLA, FL 32513 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3152486 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 逐 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVE/AND MACKWOZYM CAUSEY, ANNA W Street Address (P.O. Box Number is Not Acceptable) 3400 WEST BOBE STREET PENSACOLA, FL 32505 1350 Wast GTOCE 21 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 500122031835 04/03/08--01008--007 **70.00 ☐ Addition TITLE ☐ Delete TITLE SCOTT, DANIEL NAME NAME 14284 LURINGTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, AL 36588 CITY-ST-ZIF ☐ Change TITLE ☐ Delete TITLE ☐ Addition WRIGHT, LEIA NAME NAME STREET ADDRESS 1012 N. F ST STREET ADDRESS PENSACOLA, FL 32501 CITY-ST-ZIP C/TY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE WIGGINS, ALONZO NAME NAME 2608 WEST SCOTT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WRIGHT, MICHAEL NAME NAME STREET ADDRESS 140 HEADWAY TERRACE STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition SMITH, PAMPA NAME NAME STREET ADDRESS STREET ADDRESS 3010 W. LEE ST CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP TITLE Delete TITEF Change Maddition Addition HACKWORTH, VIOLA NAME NAME 1350 W. DESOTO ST STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32501 CITY-ST-ZIP CITY+ST-7/P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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. MANAGE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date