

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003303

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

1690 MARIE STREET  
MALABAR, FL 32950

**New Principal Place of Business:**

**Current Mailing Address:**

1690 MARIE STREET  
MALABAR, FL 32950

**New Mailing Address:**

**FEI Number:** 59-3459115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BORLAND, PAULINE REV  
1690 MARIE STREET  
MALABAR, FL 32950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: GRIFFIN, MANTIA MS  
Address: 1690 MARIE STREET  
City-St-Zip: MALABAR, FL 32950

Title: PD  
Name: BORLAND, PAULINE  
Address: 1690 MARIE STREET  
City-St-Zip: MALABAR, FL 32950

Title: TD  
Name: WILSON, PAUL  
Address: 1690 MARIE STREET  
City-St-Zip: MALABAR, FL 32950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL WILSON

TD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date