## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name N97000004794 (0)

THE DIVINE PROVIDENCE OF GOD HOLINESS CHURCH, IN

May 20 1998 8:00am Secretary of State

C.										
Principal Plac	e of Business		Mailing Address				I IEBITAR AND IDLIT FACTI DOING CONTI CONTRACTOR	BRITT MINIT TRAFFIT	JHI 0191 (031	
2117 11TH AVENUE. SOUTH 2117 11TH AVENUE. SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712							3. Date Incorporated or Qualified  08/22/1997  4. FEI Number  Applied For  Not Applicable			
2. Principal Place of Business The flue So 2a. Mailing Address Same							5. Certificate of Status Desired S8.75 Additional Fee Required			
Suite, Apt.	#, <b>9</b> (C.		Suite, Apt. #,	eic.			Election Campaign Financing     Trust Fund Contribution	\$5.00 M		
City & State	Pele	FL	City & State	<u> </u>			7. is this nonprofit corporation a homeowr			
Zip 24 33	フバス	Country 45 A	Zip 29	30	ountry		This corporation owes or has paid the c Personal Property Tax due June 30.	☐ Yes ☐	langible No	
	9. Name i	and Address of Current I	Registered Agent				10. Name and Address of New Registers	d Agent		
JONES, NATALIE E 4023 NORTH ARMENIA AVENUE							ess (P.O. Box Number is Not Acceptable) le Malory			
SUITE 310 TAMPA FL 33607							Suite 200			
TAMPA	FL 3360/				84 City	-4	ampa, PL F	L 85 Zip (	Code 3 b 1 8	
11. Pursuant office or r	to the provision	n. of Sections 617 0502 and occupit the state of	and 617.1508, Florid Florida, Such chang	a Statutes, the	above-named red by the cor	d corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the a			
SIGNATURE	4//		11200	XXXXX	atal	. o	R Tones	<b>-u</b> -	98	
	Signature lyped o	printed name of registered agen-	od title it applicable		ered Agent signature	periuper e		<u> </u>		
12.	,	OFFICERS AND I		13		1-21-	ADDITIONS/CHANGES TO OFFICERS A			
TITLE		•	☐ DĒ		TITLE D	101	shop resident	☐ Change	Addition	
NAME					NAME	De	Joris Williams		}	
STREET ADDRESS					STREET ADDRESS	21	67-15 th QUE SO	2271	<b>a</b>   {	
CITY-ST-ZIP			☐ DEI		CITY-ST-ZIP	37	perersbury, ma	Change	Addition	
TITLE					TITLE D	121	Vice President	☐ Change		
NAME					NAME		nyclist Lolita Hallmon			
STREET ADDRESS					STREET ADDRESS	256			-	
†CITY-ST-ZIP TITLE	_ <u></u>		□ DE		TITLE	St.		Change	Addition	
NAME	1				NAME	20	· • •			
STREET ADDRESS					STREET ADDRESS	10/1	NISTER EDDIE ROBINSON	)		
					I. CITY-ST-ZIP		1 21 ST. So. Peter Fl. 33712			
CITY-ST-ZIP TITLE			DE		TITLE		iAMNN	Change	Addition	
NAME	İ				NAME /					
STREET ADDRESS					STREET ADDRESS	DEA	. CARMELIA V. WEBSTER			
CITY-ST-ZIP	1				CITY-ST-ZIP	1/19	2 MELAUSE AVE SO PETERS DIEG FLORIDA TO	アフハケー		
TITLE			☐ DEI	ere.	TITLE TITLE	Win	. Assitant	Change	Addition	
NAME					NAME /		ua Hayes			
STREET ADDRESS			÷		STREET ADDRESS		Auburn St.50.			
CITY-ST-ZIP						VIII	dechin El 22212-3417		Ì	
TITLE			DEL		TALE T	V/16	dersburg FC 33712-3417 CC JUAnifa Lieavis	Change	Addition	
NAME				1	NAME /	$\mu u$	ic Juanita Leavis			
STREET ADDRESS				• • •	STREET ADDRESS	11				
CITY-ST-ZIP					CITY-ST-ZIP	1250	39-10 ve South			
	ertly that the	information supplied with	this filing dose not e			15/4	action 119 07/3/(i) Floring Statutes I further	certify that the	information	

indicated on this annual report or supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.