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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004794

1. Corporation Name

**THE DIVINE PROVIDENCE OF GOD HOLINESS CHURCH, IN
C.**

Principal Place of Business

2567 15TH AVE S
ST. PETERSBURG FL 33712
US

Mailing Address

2117 11TH AVENUE, SOUTH
ST. PETERSBURG FL 33712



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JONES, NATALIE E
14502 N DALE MABRY HWY
STE 200
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP
NAME WILLIAMS, DELORIS
STREET ADDRESS 2567-15TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE DVP
NAME HALLMON, LOLITA E
STREET ADDRESS 2567 15TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE TVP
NAME ROBINSON, EDDIE M
STREET ADDRESS 2591 21 ST S
CITY-ST-ZIP ST PETE FL 33712

TITLE TC
NAME WEBSTER, CARMELIA V DEACON
STREET ADDRESS 1142 MELROSE AVE S
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE T
NAME HAYES, DELRIA
STREET ADDRESS 2411 AUBURN ST S
CITY-ST-ZIP ST PETERSBURG FL 33712-3417

TITLE T
NAME LEAVIS, JUANITA D
STREET ADDRESS 2509-1 AVE SOUTH
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Deborah Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 1999 727-3217523

Date Daytime Phone #

CR2E037 (11/98)