2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006385

1. Entity Name
HOLINESS UNTO THE LORD, INC.

Principal Place of Business	Mailing Address
203 VARNADO ROAD WINTER HAVEN, FL 33880	203 VARNADO ROAD WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

03032007 No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
59-3488883		Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO
201 1/2 175 ST.
WAHNETA, FL 33880

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	GONZALEZ, PEDRO
STREET ADDRESS	P.O. BOX 1251
CITY-ST-ZIP	EAGLE LAKE, FL 33839
TITLE	DV
NAME	GONZALEZ, GUADALUPE
STREET ADDRESS	P.O. BOX 1251
CITY-ST-ZIP	EAGLE LAKE, FL 33839
TITLE	DST
NAME	MASCORRO, NATALIA
STREET ADDRESS	201 W 17 ST.
CITY-ST-ZIP	WAHNETA, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/07-80073-016 70.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _Pedro Gonzalez_   DP   3-12-07   863-712-7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #