

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009583

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC5225892912**

**Entity Name:** GOODNESS OF GOD WORSHIP CENTER INC.

**Current Principal Place of Business:**

1128 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1128 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205 US

**FEI Number:** 20-8474280

**Certificate of Status Desired:** Yes

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

COLEMAN, OSCAR JR  
808 DAY AVENUE  
JACKSONVILLE, FL 32205 US

*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

**Officer/Director Detail :**

Title PAST  
Name COLEMAN, OSCAR JR.  
Address 808 DAY AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title ASST. PASTOR  
Name COLEMAN, CONSTANCE E  
Address 808 DAY AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title DEACONESS  
Name ALEXANDER, VIVIAN  
Address 3627 DOUBLE BRANCH LN  
City-State-Zip: ORANGE PARK FL 32073

Title EXECUTIVE SECRETARY  
Name RAINES, TELEUBA  
Address 10243 HAVERFORD ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title SENIOR DEACON  
Name CHERRY, TOMMY  
Address 12281 DRIFT COURT  
City-State-Zip: JACKSONVILLE FL 32218

Title DEACONESS  
Name SHARP, DORIS  
Address 1320 BROAD ST N. APT.#1504  
City-State-Zip: JACKSONVILLE FL 32202

Title BISHOP  
Name HARRIS, JAMES S  
Address 11517 BIRCH FOREST CIR E  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name CHERRY, BRENDA  
Address 12281 DRIFT COURT  
City-State-Zip: JACKSONVILLE FL 32218

**Continues on page 2**

*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:** OSCAR COLEMAN

**PASTOR**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DEACON

Name BOYD, GOLDIE L.

Address 555 STOCKTON

City-State-Zip: JACKSONVILLE FL 32204