

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009583

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**1365447529CC**

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

**Current Principal Place of Business:**

625 CASSAT AVE  
SUITE 104  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5455 VERNA BLVD  
# 6125  
JACKSONVILLE, FL 32236 US

**FEI Number:** 20-8474280

**Certificate of Status Desired:** No

**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	SENIOR PASTOR	Title	ASSOCIATE PASTOR/EVANGELIST
Name	COLEMAN, OSCAR JR. PASTOR	Name	COLEMAN, CONSTANCE E PASTOR
Address	808 DAY AVENUE	Address	808 DAY AVENUE
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205
Title	DEACONESS	Title	DEACON
Name	SHARP, DORIS	Name	THOMAS, LEE
Address	1320 BROAD ST N. APT.#1504	Address	3375 NE 28TH AVENUE
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	OCALA FL 34479
Title	YOUTH ADVISOR (MENTOR)	Title	OVERSEER & MINISTRY MOTHER
Name	SIMES, SHONTA C	Name	HARRIS, JACQUELINE K PASTOR
Address	367 N MARSHVIEW TERRACE	Address	11517 BIRCH FORREST CIR E
City-State-Zip:	MAGNOLIA DE 19962	City-State-Zip:	JACKSONVILLE FL 32218
Title	MINISTER OF MUSIC	Title	TREASURER
Name	BIGGINS, MARVA JOE	Name	JOINER, JESSICA KENYETTA
Address	5826 FIAT LANE	Address	4669 LINCREST DR S
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32208

*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 JR

**SENIOR PASTOR**

**02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date