

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009583

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

**Current Principal Place of Business:**

6802 COMMONWEALTH AVENUE  
JACKSONVILLE, FL 32254

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

Title ASSOCIATE PASTOR/EVANGELIST  
Name COLEMAN, CONSTANCE E PASTOR  
Address 808 DAY AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

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

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

Title DEACON  
Name THOMAS, LEE  
Address 3375 NE 28TH AVENUE  
City-State-Zip: OCALA FL 34479

Title YOUTH ADVISOR (MENTOR)  
Name SIMES, SHONTA C  
Address 367 N MARSHVIEW TERRACE  
City-State-Zip: MAGNOLIA DE 19962

Title TREASURER  
Name HARRIS, JACQUELINE K PASTOR  
Address 11517 BIRCH FORREST CIR E  
City-State-Zip: JACKSONVILLE FL 32218

Title MINISTER OF MUSIC  
Name BIGGINS, MARVA JOE  
Address 5826 FIAT LANE  
City-State-Zip: JACKSONVILLE FL 32244

*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

**SENIOR PASTOR**

**04/07/2022**

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

\_\_\_\_\_  
Date