

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009583

Entity Name: GOODNESS OF GOD WORSHIP CENTER INC.

Current Principal Place of Business:

1124 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

1124 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 VP
Name COLEMAN, CONSTANCE E
Address 808 DAY AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURE
Name ANDERSON, ELAINE
Address 7217 NOTTINGHAMSHIRE DR
City-State-Zip: JACKSONVILLE FL 32219

Title SEC
Name SIMES, SHONTA C
Address 3002 BIRCH CT
City-State-Zip: DOVER DE 19901

Title TRUSTEE
Name FORD, DEANGELO N
Address 6276 SANDLER CHASE TRAIL
City-State-Zip: JACKSONVILLE FL 32223

Title CO-TRUSTEE
Name GATES, ROSLYN C
Address 1320 NORTH BROAD ST.APT#406
City-State-Zip: JACKSONVILLE FL 32202

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

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

PASTOR

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date