

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000010664

**Entity Name:** ST. ELIZABETH CHURCH OF GOD BY FAITH CORPORATION

**Current Principal Place of Business:**

1218 OLD APOPKA ROAD  
APOPKA, FL 32703

**Current Mailing Address:**

P. O. BOX 445  
APOPKA, FL 32704 US

**FEI Number:** 59-3016590

**Certificate of Status Desired:** No

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

MATHEWS, CAROLYN  
1253 OAK STREET  
ALTAMONTE SPRINGS, FL 32701 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 PASTOR  
Name JENERETTE, LEROY  
Address 4780 MIRANDA CIRCLE  
City-State-Zip: ORLANDO FL 32818

Title DEACON  
Name FOSTER, ROBERT  
Address 5434 COYOTE TRAIL  
City-State-Zip: ORLANDO FL 32808

Title TRUSTEE  
Name HUGHLEY, ANNIE  
Address 209 E. 13TH STREET  
City-State-Zip: APOPKA FL 32703

Title FINANCIAL SECRETARY  
Name MATHEWS, CAROLYN  
Address 1253 OAK STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DEACON  
Name SMITH, JAMES  
Address 1218 425 NUESTRA PLACE  
City-State-Zip: GROVELAND FL 34736

*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:** CAROLYN MATHEWS

**FINANCIAL SECRETARY**

**01/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date