


FILE NOW: FILING FEE IS \$61.25

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90018 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002477

1. Corporation Name
THE TRUE HOLINESS CHURCH OF LOVE, INC.

Principal Place of Business 6504 N. MERIDIAN RD. TALLAHASSEE FL 32312	Mailing Address 6504 N. MERIDIAN RD. TALLAHASSEE FL 32312
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2. Principal Place of Business 21 <u>6504 N. MERIDIAN RD</u>	2a. Mailing Address 26 <u>same</u>	3. Date Incorporated or Qualified 05/09/1996
Suite, Apt. #, etc. 22 <u>OFF TALLAHASSEE, FL</u>	Suite, Apt. #, etc. 27 <u>same</u>	4. FEI Number 59-3381223
City & State 23 <u>32312 LEON</u>	City & State 28 <u>same</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <u>32312</u>	Country 25 <u>LEON</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <u>same</u>	Country 30 <u>same</u>	10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent WOOLFORK, ROBERT THE MURPHY HOUSE 317 E. PARK AVE. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUTZ, LORNA	1.2 NAME	
STREET ADDRESS	6504 N. MERIDIAN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RORY, FRED	2.2 NAME	
STREET ADDRESS	5036 FORT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD FL 32443	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ELSIE	3.2 NAME	
STREET ADDRESS	1894 OAKRIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, WILLIE C	4.2 NAME	
STREET ADDRESS	6100 WOODVILLE HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTLES, YOLANDA R	5.2 NAME	
STREET ADDRESS	405 MERCURY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, CHRISTINE	6.2 NAME	
STREET ADDRESS	1544 LIETZ RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Lorne Foutz Date 2/24/99 Daytime Phone # (850) 668-3297

CR2E037 (1/198)