

98-001 UNIFORM BUSINESS REPORT (UBR)

\$245.00

ATX1

DOCUMENT # N97000005354

1. Entity Name.
TRUE HOLINESS OF WORSHIP, INC. *W01-13625*

Principal Place of Business **Mailing Address**

1801 E COLONIAL DR #107
ORLANDO, FL 32803

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 JUL -9 AM 11:35

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE *98-001*

6. Name and Address of Current Registered Agent

MAURICE ROBINSON
1801 E COLONIAL DR #107
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name *Maurice Robinson*

Street Address (P.O. Box Number is Not Acceptable)
1801 E. Colonia Dr. # 107

City *Orlando* FL Zip Code *32803*

8. 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]
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEES \$615.25**
After MAY 1, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOBLEY, LILLIAN	
STREET ADDRESS	4909 POLARIS ST	
CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	230 N PENNSYLVANIA AVE	
CITY - ST - ZIP	WINTER PARK, FL 32789	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA	
STREET ADDRESS	4909 POLARIS ST	
CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
400004467414-7	-07/10/01--01027--016
****183.75	****183.75
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
400004467414-7	-07/10/01--01027--017
****61.25	****61.25
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

[Signature]

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian Mobley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2000 *(407) 246-7077*
Date Daytime Phone #

12:00-2:00