

**2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000005354

**FILED  
Jan 22, 2012  
Secretary of State**

**Entity Name:** TRUE HOLINESS OF WORSHIP, INC.

**Current Principal Place of Business:**

220 S. PARAMORE ST.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 555770  
ORLANDO, FL 32855

**New Mailing Address:**

**FEI Number:** 59-3708395      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MOBLEY, LILLIAN  
7903 REX HILL DR.  
ORLANDO, FL 32839      US

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

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: LILIAN MOBLEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOBLEY, LILLIAN  
Address: 4909 POLARIS ST  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: WILLIAM, BRIDGES  
Address: 4909 POLARIS ST.  
City-St-Zip: ORLANDO, FL 32819

Title: SDCD  
Name: HAYES, CATHERINE  
Address: 4684 EDGE MOORE ST.  
City-St-Zip: ORLANDO, FL 32811

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: LILIAN MOBLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

01/22/2012

\_\_\_\_\_  
Date