2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90014 047 ****61.25

DOCUMENT # N99000001229

1. Entity Name

TRUE FELLOWSHIP HOLINESS CHURCH OF TALLAHASSEE, CORPORATION

Principal Place of Business	Mailing Address
1205-C SOUTH ADAMS STREET TALLAHASSEE FL 32301	P.O. BOX 5974 TALLAHASSEE FL 32314-5974

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
123 FAMU Way	Post Office Box 5974
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32301 Country: Leon	Zip: 32314 Country: Leon

4. FEI Number: 59-3446048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Eula M. Nixon
501 Emory Court
Tallahassee, FL, 32305

7. Name and Address of New Registered Agent

Name: Nixon, Eula M.

Street Address (P.O. Box Number is Not Acceptable): 501 Emory Court

City: Tallahassee, Florida FL Zip Code: 32305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eula M. Nixon 04-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTRU BROWN, THOMAS L 4007 ROSCREA DRIVE TALLAHASSEE FL 32308	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDEA HAWKINS, JAMES 1213 SOUTH PAR STREET BLOUNTSTOWN FL 32424	☒ Delete	TRU Smith, Larry C. 668 W. 6th Avenue Tallahassee, Florida 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AFS NIXON, EULA M 501 EMORY COURT TALLAHASSEE FL 32301	☐ Delete	FST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FST YANCEY, EDITH W 2643 LONNBLADH ROAD TALLAHASSEE FL 32308	☒ Delete	AFS Scott, Pattie J. 834 Brewer Street Tallahassee, Florida 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, CHARLES A 1019 GRIFFIN ST. TALLAHASSEE FL 32304	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eula M. Nixon Eula M. Nixon 04-01-04 850 222-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #