2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # N99000001229** 05 JUL -5 AH II: 44 TRUÉ FELLOWSHIP HOLINESS CHURCH OF TALLAHASSEE, CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 123 FAMU WAY 123 FAMU WAY TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Chg-NP CR2E037 (10/03) City & State -City & State 4. FEI Number 59-3446048 Applied For Cahassee. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent NIXON, EULA M **501 EMORY COURT** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CTRU TITLE ☐ Delete TITLE ☐ Addition NAME BROWN, THOMAS Ł NAME STREET ADDRESS 4007 ROSCREA DRIVE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition SMITH, LARRY C NAME NAME STREET ADDRESS 668 W. 6TH AVE STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-7IP PST TITLE ☐ Delete TITLE ☐ Change ■ Addition NIXON, EULA M NAME NAME STREET ADDRESS **501 EMORY COURT** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE AFS ☐ Delete TITLE ☐ Channe ☐ Addition SCOTT, PATTIE J NAME NAME STREET ADDRESS 834 BREWER STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, CHARLES A NAME NAME STREET ADDRESS 1019 GRIFFIN ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP 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: