2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# N99000001229

Entity Name: TRUE FELLOWSHIP HOLINESS CHURCH OF TALLAHASSEE, CORPORATION

Current Principal Place of Business:

123 FAMU WAY
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5974
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 59-3446048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NIXON, EULA M
501 EMORY COURT
TALLAHASSEE, FL 32308 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CTRU ( ) Delete
Name: BROWN, THOMAS L
Address: 4007 ROSCREA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T ( ) Delete
Name: SMITH, LARRY C
Address: 668 W 6TH AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: PST ( ) Delete
Name: NIXON, EULA M
Address: 501 EMORY COURT
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: AFS ( ) Delete
Name: SCOTT, PATTIE J
Address: 834 BREWER STREET
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: P ( ) Delete
Name: SMITH, CHARLES A
Address: 1019 GRIFFIN ST
City-St-Zip: TALLAHASSEE, FL 32304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS L. BROWN CTRU 06/10/2009
Electronic Signature of Signing Officer or Director — Date