


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL -6 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N96000002477</b><br>1. Entity Name<br><b>THE TRUE HOLINESS CHURCH OF LOVE, INC.</b>   |   |   |  |                |  |
| Principal Place of Business<br>6504 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32312  |   |   | Mailing Address<br>6504 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32312   |   |  |
| 2. Principal Place of Business<br><i>8522 Old Woodville Hwy</i>   |   |   | 3. Mailing Address<br><i>6504 N. MERIDIAN RD</i>   |   |  |
| Suite, Apt. #, etc.<br><input checked="" type="checkbox"/>  |   |   | Suite, Apt. #, etc.<br><input type="checkbox"/>  |   |  |
| City & State<br><b>TALLAHASSEE, FL</b>  |   | City & State<br><b>TALLAHASSEE FL</b>   |  | 4. FEI Number<br><b>59-3381223</b>  |  |
| Zip<br><b>32305</b>   |   | Country<br><b>LEON</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FOUTZ, LORNA</b><br><b>6504 N. MERIDIAN ROAD</b><br><b>TALLAHASSEE, FL 32312</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FOUTZ, LORNA<br>6504 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32312   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>RORY, FRED<br>5036 FORT ROAD<br>GREENWOOD, FL 32443             | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>ROBINSON, ELSIE<br>1894 OAKRIDGE RD.<br>TALLAHASSEE, FL 32311   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BLAKE, WILLIE C<br>6100 WOODVILLE HWY.<br>TALLAHASSEE, FL 32311 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>SETTLES, YOLANDA R<br>405 MERCURY DR.<br>TALLAHASSEE, FL 32310  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>HUNTER, CHRISTINE<br>1544 LIETZ RD.<br>TALLAHASSEE, FL 32310    | <input type="checkbox"/> Delete   |  |   |  |
| 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: <i>Lorna Foutz</i> <b>LORNA FOUTZ</b> <i>07-06-05</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |  |



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