

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY 23 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N96000002477					
1. Entity Name THE TRUE HOLINESS CHURCH OF LOVE, INC.					
Principal Place of Business 8522 OLD WOODVILLE HIGHWAY TALLAHASSEE, FL 32305			Mailing Address PO BOX 5791 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOUTZ, LORNA 6504 N. MERIDIAN ROAD TALLAHASSEE, FL 32312				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
	FL				
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					
Filing Fee is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUTZ, LORNA		NAME	FOUTZ, WILLIAM	
STREET ADDRESS	6504 N. MERIDIAN RD.		STREET ADDRESS	6504 N. Meridian Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBY, FRED		NAME	FOUTZ, LORNA	
STREET ADDRESS	5036 FORT ROAD		STREET ADDRESS	6504 N. Meridian Rd	
CITY-ST-ZIP	GREENWOOD, FL 32443		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ELSIE		NAME		
STREET ADDRESS	1894 OAKRIDGE RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, WILLIE C		NAME		
STREET ADDRESS	6100 WOODVILLE HWY.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTLES, YOLANDA R		NAME		
STREET ADDRESS	405 MERCURY DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, CHRISTINE		NAME		
STREET ADDRESS	1544 LUTZ RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>				Date: 5-22-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 322-3989	