


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
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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

FILED

08 MAY 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3381223	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
FOUTZ, LORNA 6504 N. MERIDIAN ROAD TALLAHASSEE, FL 32312	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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

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
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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	RORY, 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: Lorna Foutz Lorna Foutz 5-22-08 322-3987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #