2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# N96000002477

Entity Name: THE TRUE HOLINESS CHURCH OF LOVE, INC.

Current Principal Place of Business:

8522 OLD WOODVILLE HIGHWAY
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

PO BOX 5791
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3381223 **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:

FOUTZ, LORNA
6504 N. MERIDIAN ROAD
TALLAHASSEE, FL 32312 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: PD ( ) Delete
Name: FOUTZ, WILLIAM
Address: 6504 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: FOUTZ, LORNA
Address: 6504 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: ROBINSON, ELSIE
Address: 1894 OAKRIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD ( ) Delete
Name: BLAKE, WILLIE C
Address: 6100 WOODVILLE HWY.
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD ( ) Delete
Name: SETTLES, YOLANDA R
Address: 405 MERCURY DR.
City-St-Zip: TALLAHASSEE, FL 32310

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: YOLANDA R. SETTLES SD 09/01/2009
Electronic Signature of Signing Officer or Director — Date