

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002477

**FILED**  
**May 21, 2016**  
**Secretary of State**  
**CC1217588853**

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

**Current Principal Place of Business:**

8522 OLD WOODVILLE ROAD  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

6504 N MERIDIAN RD  
TALLAHASSEE, FL 32312 US

**FEI Number:** 59-3381223

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FOUTZ, WILLIAM SR  
6504 N MERIDIAN RD  
TALLAHASSEE, FL 32312 US

*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:** WILLIAM FOUTZ, SR.

05/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FOUTZ, WILLIAM SR  
Address        6504 N MERIDIAN RD  
City-State-Zip: TALLAHASSEE FL 32312

Title            VP  
Name            FOUTZ, LORNA  
Address        6504 N MERIDIAN RD  
City-State-Zip: TALLAHASSEE FL 32312

Title            SECRETARY  
Name            SETTLES, YOLANDA R  
Address        405 MERCURY DRIVE  
City-State-Zip: TALLAHASSEE FL 32305

Title            TREASURER  
Name            FOUTZ, LORNA  
Address        6504 NORTH MERIDIAN ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title            ASST. SECRETARY  
Name            FOUTZ, WILLIAM JR.  
Address        6504 NORTH MERIDIAN ROAD  
City-State-Zip: TALLAHASSEE FL 32312

*I hereby 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 all other like empowered.*

**SIGNATURE:** YOLANDA SETTLES

**SECRETARY**

05/21/2016

Electronic Signature of Signing Officer/Director Detail

Date