2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713254

FILED Jan 25, 2005 Secretary of State

Entity Name: THE CHURCH OF GOD TABERNACLE TRUE HOLINESS, INC.

Current Principal Place of Business: 1351 N.W. 67TH STREET MIAMI, FL 33147 US			New Princ	New Principal Place of Business:	
Current Mailing Address:			New Mailii	New Mailing Address:	
1351 N.W. MIAMI, FL	67TH STREET 33147 US				
FEI Number:	59-1643364	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
16401 NW OPA LOCK	A, FL 33054	US			
in the State		ubmits this statement for the pur	pose of changing it	s registered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			İ	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I EDWARDS, THO 15740 BUNCHE OPA LOCKA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I RICHARDSON, V 16401 NW 18TH OPA LOCKA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I COX, AMOS, 9350 NW 23RD A MIAMI, FL	Delete AVENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FRAGER, RICKEY 2850 NW 172ND TERRACE MIAMI, FL 33055	
Title: Name: Address: City-St-Zip:	T () I NIXON, ANNIE, 2831 NW 66TH \$ MIAMI, FL	Delete ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I CLARK, SANDR/ 4460 NW 171 ST OPA LOCKA, FL	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNIE F. NIXON T 01/25/2005