2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# 713254

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 Principal Place of Business:

Current Mailing Address:

1351 N.W. 67TH STREET
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 59-1643364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, WALTER H.
16401 NW 18TH CT
OPA LOCKA, FL 33054 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: D ( ) Delete
Name: EDWARDS, THOMAS P.,
Address: 15740 BUNCHE PK DR
City-St-Zip: OPA LOCKA, FL

Title: P ( ) Delete
Name: RICHARDSON, WALTER H, .
Address: 16401 NW 18TH COURT
City-St-Zip: OPA LOCKA, FL

Title: D ( ) Delete
Name: FRAGER, RICKEY
Address: 2850 NW 172ND TERRACE
City-St-Zip: MIAMI, FL 33055

Title: T ( ) Delete
Name: NIXON, ANNIE,
Address: 2831 NW 66TH ST
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: CLARK, SANDRA
Address: 4460 NW 171 ST
City-St-Zip: OPA LOCKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EDWARDS, THOMAS P.,
Address: 15740 BUNCHE PK DR
City-St-Zip: OPA LOCKA, FL 33054

Title: P (X) Change ( ) Addition
Name: RICHARDSON, WALTER H, .
Address: 16401 NW 18TH COURT
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: NIXON, ANNIE,
Address: 13201 NW 26 COURT
City-St-Zip: MIAMI, FL 33167

Title: S (X) Change ( ) Addition
Name: CLARK, SANDRA
Address: 2850 NW 172ND TERRACE
City-St-Zip: MIAMI, FL 33055

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: ANNIE NIXON T 03/14/2008

Electronic Signature of Signing Officer or Director — Date