


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90196 022 \*\*\*\*76.25

<b>DOCUMENT # 716246</b> 1. Entity Name TRUEWAY HOLINESS CHURCH OF JESUS CHRIST, INC.					
Principal Place of Business 655 SW 5TH STREET HOMESTEAD, FL 33030			Mailing Address 11830 SW 223RD STREET GOULDS, FL 33170		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0882330	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KINSEY, ROSIE 10815 S.W. 224 ST. GOULDS, FL 33170				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT		TITLE	mac Robinson	
NAME	KINSEY, ROSIE		NAME	133 S.W. 7th St. AA-216	
STREET ADDRESS	11830 SW 223RD STREET		STREET ADDRESS	Homestead, Fla. 33030	
CITY-ST-ZIP	GOULDS, FL 33170		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	OWENS, OMARA		NAME		
STREET ADDRESS	11557 S.W. 224 STREET		STREET ADDRESS		
CITY-ST-ZIP	GOULDS, FL 33170		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	CROSS LIGHTBURN, BERTHA		NAME		
STREET ADDRESS	530 S.W. 11TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	OWENS, MELISSA		NAME		
STREET ADDRESS	11557 S.W. 224 ST		STREET ADDRESS		
CITY-ST-ZIP	GOULDS, FL 33170		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Rosie Kinsey</u> <span style="float: right;">May 1 2008</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					