NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 716246

1. Entity Name Trueway Holiness Church of Jesus Christ Inc

FILED
09 APR 20 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E037B (8/05)

2. Principal Place of Business	3. Mailing Address
655 S.W. 5th Street	11830 S.W. 223rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, Fla.	City & State: Goulds, Fla.
Zip: 33030 Country: Dade	Zip: 33170 Country: Dade

4. FEI Number: 65-0882330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Rosie Kinsey

Street Address (P.O. Box Number is Not Acceptable): 11830 S.W. 223rd Street

City: Miami FL Zip Code: 33170

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.

800149770398
04/14/09--01002--034 **70.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	Kinsey, Rosie
STREET ADDRESS	11830 S.W. 223rd St
CITY-ST-ZIP	Goulds, Fla. 33170
TITLE	D
NAME	Melissa Owens
STREET ADDRESS	11557 S.W. 224 St
CITY-ST-ZIP	Goulds, Fla. 33170
TITLE	D
NAME	Mae Robinson
STREET ADDRESS	733 S.W. 7th St. Apt. 216
CITY-ST-ZIP	Homestead, Fla. 33170
TITLE	Directors
NAME	Hermon Lastie
STREET ADDRESS	934 N.W. 3rd Street
CITY-ST-ZIP	Florida City, Fla. 33034
TITLE	
NAME	REINSTATEMENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	RH
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rosie Kinsey Rosie Kinsey 4/23/09