SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:15

DOCUMENT # 731976 (7)

1. Corporation Name

THE TRUE WITNESS OF HOLINESS CHURCH, INC.

Principal Place of Business: 4300 N.W. 22ND CT. MIAMI FL 33142-4669

Mailing Address: 4300 N.W. 22ND CT. MIAMI FL 33142-4669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1975
3a. Date of Last Report: 06/08/1994
4. FEI Number: 59-1637857 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ~~~~	26 ~~~~
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — NP — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOODS, WILLIE E. 4331 S.W. 21ST ST. W. HOLLYWOOD FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD WOODS,JAMES 2468 MAIL STREET HOLLYWOOD FL	☐ Change ☐ Addition — SAME
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WOODS, DARIN 1515 NW 180 TERR. MIAMI FL	☐ Change ☐ Addition — SAME
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD BETHEA, RUBY 787 NW 65TH STREET MIAMI FL	☒ Change ☐ Addition — SD LAVERNE WOODS 4331 21 Street Miami, FL
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WOODS, EMMA 4331 S.W. 21ST STREET WEST HOLLYWOOD FL	☐ Change ☐ Addition — SAME
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WITHERSPOON, DEBRA JEAN 841 BURLINGTON ST OPA LOCKA FL	☒ Change ☐ Addition — TAKE OFF
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WOODS, ISAAC 4331 SW 21ST ST W HOLLYWOOD FL	☐ Change ☐ Addition — SAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie E. Woods Willie E. Woods 6-20-95 (305)961-0847
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (3/95)

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