

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731976

FILED
Apr 25, 2004
Secretary of State

Entity Name: THE TRUE WITNESS OF HOLINESS CHURCH , INC.

Current Principal Place of Business:

4303 N.W. 22ND CT.
MIAMI, FL 331424669

New Principal Place of Business:

Current Mailing Address:

4303 N.W. 22ND CT.
MIAMI, FL 331424669

New Mailing Address:

FEI Number: 59-1637857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, WILLIE E.
4331 S.W. 21ST ST.
W. HOLLYWOOD, FL US

Name and Address of New Registered Agent:

WOODS, WILLIE E.
4331 S.W. 21ST ST.
W. HOLLYWOOD, FL 33023 US

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:

04/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODS, JAMES,
Address: 2468 MAIL STREET
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: WOODS, DARIN
Address: 1515 NW 180 TERR.
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: WOODS, LAVERNE
Address: 4331 21 STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WOODS, EMMA,
Address: 4331 S.W. 21ST STREET
City-St-Zip: WEST HOLLYWOOD, FL

Title: D () Delete
Name: WOODS, ISAAC,
Address: 4331 SW 21ST ST
City-St-Zip: W HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODS, DARIN,
Address: 18140 NW 18 AVENUE
City-St-Zip: MIAMI, FL 33056 US

Title: D (X) Change () Addition
Name: WOODS, MATILDA
Address: 18140 NW 18 AVENUE
City-St-Zip: MIAMI, FL 33056 US

Title: SD (X) Change () Addition
Name: WOODS, LAVERNE
Address: 4340 SW 19 AVENUE
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: D (X) Change () Addition
Name: WOODS, EMMA,
Address: 4331 S.W. 21ST STREET
City-St-Zip: WEST HOLLYWOOD, FL 33023 US

Title: D (X) Change () Addition
Name: WOODS, ISAAC,
Address: 4331 SW 21ST ST
City-St-Zip: W HOLLYWOOD, FL 33023 US

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: DARIN WOODS

PD

04/25/2004

Electronic Signature of Signing Officer or Director

Date