

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731976

FILED
Apr 30, 2006
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:

18140 NW 18TH AVENUE
MIAMI, FL 33056

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 33023 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: PD () Delete
Name: WOODS, DARIN,
Address: 18140 NW 18 AVENUE
City-St-Zip: MIAMI, FL 33056 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DARIN WOODS

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date