

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733182

FILED  
Jan 12, 2008  
Secretary of State

**Entity Name:** TRUE FELLOWSHIP HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

4949 NW 17TH AVENUE  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

19030 NW 11TH COURT  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 59-1626527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAPEE, STUART M.  
1555 NE 154TH ST.  
MIAMI, FL 33162 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: AVANT, MARVIN,  
Address: 1010 NW 200TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: DREWCILLA, DOUSE  
Address: 19400 NW 32ND AVENUE  
City-St-Zip: MIAM GARDENS, FL 33056

Title: SD ( ) Delete  
Name: MCMULLEN, FRANCENA  
Address: 19030 NW 11TH COURT  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: ROBINSON, SHARON,  
Address: 3826 NW 202 STREET  
City-St-Zip: CAROL CITY, FL 33055

Title: D ( ) Delete  
Name: MCMULLEN, RANDOLPH  
Address: 19030 NW 11TH COURT  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: DREWCILLA, DOUSE  
Address: 2261 NW 170 TERR  
City-St-Zip: MIAM GARDENS, FL 33056

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 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: FRANCENA MCMULLEN

SD

01/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date