FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738634** **(5)**

1. Corporation Name

GRACE AND TRUTH HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
700-710 NORTH 11TH STREET PALATKA FL 32177	309 NORTH 9TH STREET PALATKA FL 32177 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1977**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2355802** ☐ Applied For ☐ Not Applicable
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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FELLS, CORA B.
309 N. 9TH STREET
PALATKA FL 32177

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and date required) (New Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FELLS, CORA B.	12 NAME	
STREET ADDRESS	309 N. 9TH STREET	13 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FELLS, EUGENE JR.	22 NAME	
STREET ADDRESS	309 N 9TH STREET	23 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	MAYS, BETTY L.	32 NAME	SD GILMORE, CATRECIA L.
STREET ADDRESS	2305 HUSSON AVENUE	33 STREET ADDRESS	2806 ST. JOHNS AVENUE
CITY ST ZIP	PALATKA FL	34 CITY ST ZIP	PALATKA, FL
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	MCCOY, CATHY G.	42 NAME	TD MAYS, BETTY L.
STREET ADDRESS	RT 1 BOX 355	43 STREET ADDRESS	2305 HUSSON AVENUE
CITY ST ZIP	SAN MATEO FL	44 CITY ST ZIP	PALATKA, FL
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	BAKER, CAROL D.	52 NAME	D MCCOY, CATHY G.
STREET ADDRESS	1602 CLEVELAND AVE	53 STREET ADDRESS	RT 1 BOX 355
CITY ST ZIP	PALATKA FL	54 CITY ST ZIP	SAN MATEO, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCCASKILL, LILLIE B.	62 NAME	
STREET ADDRESS	1006 MADISON STREET	63 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	64 CITY ST ZIP	

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: Cora B Fells **4/25/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003431