

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760147

1. Entity Name

TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1723  
326 E. CHARLOTTE AVE.  
PUNTA GORDA FL 33950

P.O. BOX 1723  
326 E. CHARLOTTE AVE.  
PUNTA GORDA FL 33950-4906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0199490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, EARLENE T  
527 CRANDALL ST NW  
PORT CHARLOTTE FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BLANDING, ALTO  
STREET ADDRESS 311 CAPRI ISLES CT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME BLANDING, BEVERLY  
STREET ADDRESS 311 CAPRI ISLE CT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME OLIVER, ERLNEE  
STREET ADDRESS 527 CRANDALL ST NW  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME HICKS, JULIA  
STREET ADDRESS 433 ABURTO LANE  
CITY-ST-ZIP PORT CHARLOTTE, FL 0

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90032 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)