

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760147

1. Entity Name

TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

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

Mailing Address

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

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	<input type="checkbox"/> Delete
NAME	BLANDING, ALTO	
STREET ADDRESS	311 CAPRI ISLES CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANDING, BEVERLY	
STREET ADDRESS	311 CAPRI ISLE CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLIVER, EARLENE	
STREET ADDRESS	527 CRANDALL ST NW	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	HICKS, JULIA	
STREET ADDRESS	433 ABURTO LANE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Earlene T. Oliver* REQUIRED

4/20/01 944-805288X

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90019 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)