


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90090 027 ****61.25

DOCUMENT # 767160	
1. Entity Name THE CHURCH OF GOD AND TRUE HOLINESS, INC.	

Principal Place of Business 900 AVE O N.E. PO BOX 3763 WINTER HAVEN FL 33881 US	Mailing Address PO BOX 3763 PO BOX 3763 WINTER HAVEN F 33881 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number NO-T APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MINCEY, WILLIE R., JR. 945 AVENUE O.N.E. WINTER HAVEN FL 33881
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7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME MINCEY, WILLIE ROBERT, JR	
STREET ADDRESS 2453 FIFTH STREET, N.E.	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE SD	<input type="checkbox"/> Delete
NAME WHITE, EDWARD	
STREET ADDRESS 350 W. ORANGE AVENUE	
CITY-ST-ZIP LAKE ALFRED FL	
TITLE TD	<input type="checkbox"/> Delete
NAME MORGAN, LEROY	
STREET ADDRESS 2207 NINTH COURT	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE CD	<input type="checkbox"/> Delete
NAME ALLEN, CALVIN	
STREET ADDRESS PO BOX 7571 N/A	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE VD	<input type="checkbox"/> Delete
NAME SMITH, WILFRED	
STREET ADDRESS 2444 FIFTH STREET NE	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Edward White* **EDWARD WHITE** 3/17/04 863-294-8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #