2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # N03000001925 04-17-2007 90060 001 *****8.75 TRUE HOLINESS BODY OF CHRIST, INC. 04-17-2007 90060 002 ****61.25 Principal Place of Business Mailing Address 3884 OXBOW CT LAKE WALES FL 33853 3884 OXBOW CT LAKE WALES FL 33853 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Numbor Applied For 55-0835878 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGLIN, JAMES Street Address (P.O. Box Number is Not Acceptable) **512 WINTER TERR** WINTER HAVEN FL 33881 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 pame of registered agent and title if applicable, DATE (NOTE: Registered Agent signature reduired when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TOTAL HHE ☐ Change ■ Addition NAME ANGLIN, JAMES TRUSTEE STREET ADDRESS 512 WINTER TERR STREET ADDRESS CHY-ST-7IP WINTER HAVEN FL 33881 CHY ST 7P TITLE ☐ Delete Change ☐ Addition DAVIS CARTER TRUSTEE NAME STREET ADDRESS STREET ADDRESS 3884 OXBOW CT CITY ST ZIP CITY-ST-7IP LAKE WALES FL 33853 Addition MUE ☐ Delete TA Change THUSE'N VIRGINIA 512 WINTER TERRY ANGLIN, VIRGINIA NAME NAME STREET ADDITESS STREET ADDRESS **572 WINTER TERR** WINTER HAVEN, FL 33881 CHY ST-7P CITY-SI-7IP WINTER HAVEN FL 33881 ☐ Defete 1000 ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7/P CHY ST 7P ☐ Delete mir ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST 7P CITY-ST-7/P ☐ Defete HILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-ST-7IP

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4 9-0 7 Crystite Proce \$ 6 3

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 eath; 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: