

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90218 048 \*\*\*\*61.25

<b>DOCUMENT # N03000003893</b> 1. Entity Name TRUE HOLINESS CHURCH OF GOD, INC.			
Principal Place of Business 1900 13TH STREET S ST. PETERSBURG FL 33705		Mailing Address 2633 19TH ST. SO. ST. PETERSBURG FL 33712 <i>WOS-51860</i>	
2. Principal Place of Business <i>1900 13th St. So.</i>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>St. Petersburg Fla</i>		City & State <i>St. Petersburg Fla</i>	
Zip <i>33705</i>		Zip <i>33712</i>	
Country <i>P. Rellas</i>		Country <i>Pine/llas County</i>	
6. Name and Address of Current Registered Agent WORLDS, PERLENA 1900 13TH STREET S ST. PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name <i>Herlena Worlds</i> Street Address (P.O. Box Number is Not Acceptable) <i>1900 13th St. So.</i> City <i>St. Pete</i>	
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.		4. FEI Number NO-T APPLICABLE	
SIGNATURE <i>Herlena Worlds</i> Signature, typed or printed name of registered agent and role if applicable		5. Certificate of Status Desired 222-22-9631 <i>N/A</i> \$8.75 Additional Fee Required	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ROBERT 2936 18TH AVE. SO. ST. PETE FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAYTON, TYCHIA 2633 1/2 19TH ST. SO. ST. PETE FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORLDS, PERLENA 2633 19 ST. SO. ST. PETE FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WORLDS, KATHY 1016 26 AVE. SO. ST. PETE FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <i>Perlena Worlds</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-20-06 DATE	
727-323-9245 DAYTIME PHONE #		727-323-2138	