

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90147 014 ****61.25

DOCUMENT # N03000003893

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 US**

40046237



2. Principal Place of Business - No P.O. Box #
1900 13th St. So.
Suite, Apt. #, etc.

3. Mailing Address
2633 19th St. So.
Suite, Apt. #, etc.

03092007 Chg-NP CR2E037 (12/06)

City & State
St. Petersburg Fla
Zip
33705
Country
Pinellas

City & State
St. Pete Fla
Zip
33712
Country
Pinellas County

4. FEI Number
22-2228671
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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
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 **Perlena Worlds**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/07

**Filing Fee is \$61.25
Due by May 1, 2007**

☐ **9.** Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUBT BROWN, ROBERT 2936 18TH AVE. SO. ST. PETE, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DRAYTON, TYCHIA 2633 1/2 19TH ST. SO. ST. PETE, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WORLDS, PERLENA 2633 19 ST. SO. ST. PETE, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS WORLDS, KATHY 1016 26 AVE. SO. ST. PETE, FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Perlena Worlds**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

727-823-2138

Daytime Phone #