


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002446

1. Entity Name
TRUE GOSPEL HOLINESS CHURCH INC.



FILED

07 DEC 10 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12102007 REINSTATE CR2E0994707

Principal Place of Business
2217 W. AVERY ST.
PENSACOLA, FL 32505

Mailing Address
P O BOX 18054
PENSACOLA, FL 32523

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
43-2084157

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ELDER JAMES
2217 WAVERY ST
PENSACOLA, FL 32505

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
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDLER JAMES	
STREET ADDRESS	2217 WAVERY ST	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, FANNIE	
STREET ADDRESS	8580 VICKIE ST	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	M	<input type="checkbox"/> Delete
NAME	JONES, MARY	
STREET ADDRESS	9550 CEDARTOWN ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNER, ANNIE L	
STREET ADDRESS	1522 RIDGE RD	
CITY-ST-ZIP	EAST BREWTON, AL 36426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	300113041583	
CITY-ST-ZIP	12/11/07--01042--004 **61.25	
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 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 *James Williams* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

B. Mitchell DEC 10 2007