

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012266

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRUE HOLINESS CHURCH OF JESUS CHRIST, INC.

Current Principal Place of Business:

15500 WISCON RD.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

15500 WISCON RD.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEBSTER, PATRICK
20237 TWIN OAKS ROAD
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEBSTER, PATRICK
Address: 20237 TWIN OAKS RD.
City-St-Zip: SPRING HILL, FL 34610

Title: DV () Delete
Name: LYNCH-WEBSTER, MURIEL
Address: 20237 TWIN OAKS RD.
City-St-Zip: SPRING HILL, FL 34610

Title: T () Delete
Name: PAULIN, SANDRA A.
Address: 3497 BLACK OAK TRAIL
City-St-Zip: BROOKSVILLE, FL 34604

Title: DS () Delete
Name: LYNCH-DILLARD, SONIA
Address: 8556 VICKSBURG RD.
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK WEBSTER

DS

03/24/2009

Electronic Signature of Signing Officer or Director

Date