## 2004 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N19371**



**FILED** 

Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90033 044 \*\*\*\*70.00

	DA TRUE	HOLINESS CHU , OF DEERFIELD		ORIDA								
Principal Place of Business 2600 HAMMONDVILLE RD SUITE 16 POMPANO BEACH, FL 33069			Mailing Address 2600 HAMMONDVILLE RD SUITE 16 POMPANO BEACH, FL 33069				44003753					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01172004	Chg-NP	CR2E0	37 (10/03)		
City & State			City & State			\$	4. FEI Number 59-2793				plied For at Applicable	
Zip		Country	Zip		Country		5. Certificate o	f Status Desired	<u>D</u>	\$8.75 Add Fee Require		
	6. Name	and Address of Curren	nt Registered A	gent			7. Name and A	Address of New	Registered	Agent		
WATSON-	. ADTUI-ID	. يحد سمت د	ہ ۔ حصوصوں		Name		gas manegas og "	. •			* - <del></del>	
WATSON, ARTHUR L 1260 S.W. 5TH AVE. DEERFIELD BEACH, FL 33441					. Street A	Street Address (P.O. Box Number is Not Acceptable)						
										•		
					City		,		FL	Zip Cod	ө	
8. The above the obligation		statement bedage to	for the contract of the contra	of changing its re	egistered office o	or register	ed agent, or both	i, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE :	Arth	NUT L.WA	TSON,	PASTO	R		•		1/17	1/64		
'	Signature, typed	d or printed name of registered age	ent and title if applicable	s. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE	,,		
	Filing Fe	d or printed name of registered age the is \$61.25 May 1, 2004		NOTE:      Election Camp  Trust Fund Co	paign Financing	ature required	\$5.00 May Be Added to Fees			k payable to		
10.	Filing Fe	ee is \$61.25		. Election Camp	paign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	rida Depa	rtment of S	tate	
TITLE	Filing Fe	oe is \$61.25 May 1, 2004 OFFICERS AND C		. Election Camp	paign Financing ontribution.		\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	rida Depa	rtment of S	tate	
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indicated on this report or supplies with this filling oces for quality for the exemption stated in section 119.07(5)(f), Florida Statutes. Further certify 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.