2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2009
Secretary of State

DOCUMENT# N28142

Entity Name: CHURCH OF GOD BY FAITH IN RIGHTEOUSNESS & TRUE HOLINESS, INC.

Current Principal Place of Business:

16655 NE JAX RD
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

1430 N.E. 175TH STREET
CITRA, FL 32113

New Mailing Address:

FEI Number: 59-2922463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRADDIC, RUBY M.
RT. 4 BOX 211
CITRA, FL 32627 US

Name and Address of New Registered Agent:

GRADDIC, RUBY M
1430 N.E. 175TH STREET
CITRA, FL 32113 US

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: RUBY M. GRADDIC 08/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRADDIC, RUBY M.
Address: RT. 4 BOX 211
City-St-Zip: CITRA, FL

Title: D ( ) Delete
Name: MCNAIR, LARRY
Address: RT. 4 BOX 190
City-St-Zip: CITRA, FL

Title: SD ( ) Delete
Name: BASINE, ODESSA
Address: 1503 SW 3RD STREET
City-St-Zip: OCALA, FL

Title: SD ( ) Delete
Name: MCNAIR, VIVIAN
Address: RT. 4 BOX 190
City-St-Zip: CITRA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRADDIC, RUBY M
Address: 1430 N.E. 175TH STREET
City-St-Zip: CITRA, FL 32113

Title: D (X) Change ( ) Addition
Name: MCNAIR, LARRY
Address: 1560 NE 175TH STREET
City-St-Zip: CITRA, FL 32113

Title: SD (X) Change ( ) Addition
Name: BASINE, ODESSA
Address: 1503 SW 3RD STREET
City-St-Zip: OCALA, FL

Title: ASD (X) Change ( ) Addition
Name: MCNAIR, VIVIAN
Address: 1560 NE 175TH STREET
City-St-Zip: CITRA, FL 32113

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: ODESSA BASINE SD 08/26/2009
Electronic Signature of Signing Officer or Director Date