


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28791 (4)

1. Corporation Name
GOD'S TRUE HOLINESS CHURCH, INC.

Principal Place of Business 620 OPALOCKA BLVD. OPALOCKA FL 33054	Mailing Address P.O. BOX 173534 MIAMI FL 33017
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**TAYLOR, DOROTHY
4470 N.W. 174 DRIVE
MIAMI FL 33056**

3. Date Incorporated or Qualified
10/10/1988

4. FEI Number
NOT APPLICABLE

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, DORTHY	
STREET ADDRESS	4470 NW 174TH DR.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, REGINA	
STREET ADDRESS	16520 N.W. 21 AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEARS, JENNIFER D	
STREET ADDRESS	7753 DILIDO BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HOLSENDORFF, VICKIE HERRING	
STREET ADDRESS	17921 N.W. 22 COURT	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, LAVANGA	
STREET ADDRESS	20605 N.W. 33 COURT	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BUSH, ANN	
STREET ADDRESS	1540 N.W. 175TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S Allena Ingram
2.3 STREET ADDRESS	11311 S.W. 180 ST
2.4 CITY-ST-ZIP	Miami Fla. 33
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hickson, Sherry L
3.3 STREET ADDRESS	11311 S.W. 180 ST
3.4 CITY-ST-ZIP	Miami, Fla. 330
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD Fields, Lavanga
5.3 STREET ADDRESS	20605 N.W. 33 COURT
5.4 CITY-ST-ZIP	OPA LOCKA FLA. 33056
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 688-4093

CR2E037 (10/97)