FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

(1)

CHURCH OF GOD IN CHRIST TRUE HOLINESS CHURCH, IN

Principal Place of Business 2526 TRUMAN AVE. PENSOOLA FL 32501

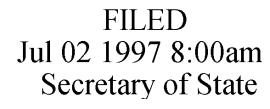
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

% CLARENCE MARKS 904 MEDFORD AVE. PENSCOLA FL 32505-2728





3a. Date of Last Report 03/13/1996

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 11/23/1988

59-3029084

4. FEI Number

22	π, οιο.	27				5. Certificate of Status Desired Fee Required		
City & Stat	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Co.	ıntry	·····	This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			\dashv	
				81	Name		\neg	
MARKS, CLARENCE -904 MEDFORD AVE: 4029 Ennes Blvd. PENSACOLA FL 02501 32505				82	Street Address (P.O. Box Number is Not Acceptable)			
				02	Street Auc	Tess (r.O. Dox Number is Not Acceptable)	- 1	
				83			\Box	
	32303		i	84	City	85 Zip Code		
<u> </u>						FL []		
Office or r	egistered egent or both in the State /	of Florida, Such change was	authoriza	d by	named cor	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	ed]	
agent la	m familiar with, and accept the obligal	tions of, Section 617.0503, F	forida Stal	lutes.	me corpure	stones coate of directors. Thereby accept the appointment as registered	1	
SIGNATURE								
40	Signature, typed or printed name of registered agen OFFICERS AND			d Agen	l signature requ	uired when reinstalting) OATE ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12	_	
12. TITLE		DELETE	13. 1.1 70	TIE			lion	
NAME	PD Marks, Clarence		1.2 N			TAI	"" [
STREET ADDRESS	904 MEDFORD AVE.				ADDRESS 2	MARKS, CLARENCE	- }	
CITY-ST-ZIP	PENSACOLA FL			ITY-SI		1029 ERRESS BIVD PENSACOLA FL. 32505		
TITLE	· T	DELETE	21 1			PRNSACOLA FI. 32505 ST X Change Addit	ion !	
NAME	EVERHART, CYNTHIA		2.2 N		1 7	EVERHART, CYNTHIA	· \	
STREET ADDRESS	408 N 7TH AVENUE				I .	706 VENDEE LN		
CITY-ST-ZIP	PENSACOLA FL			XTY-SI		PENSACOLA, FL 32505	- {	
TITLE	CID			TLE		CD7 Change Addit	tion	
NAME	JOHNSON, JESSIE JAMES		3.2 N/	AME		JOHNSON, JESSIE JAMES		
STREET ADDRESS	1103 W FISHER STREET		3.3 \$1	TREET A	DORESS	3104 PARAZINE	1	
CITY-ST-ZIP	PENSACOLA FL		3.4. C	ITY-ST	-ZIP]	PENSACOLA, FL 32514	- 1	
TITLE	S	DELETE	4.1 TI	TLE		Change Addit	ion	
NAME	MARKS, LULA		4. 2 N	IAME	1	MARKS, LULA	1	
STREET ADDRESS	904 MEDFORD AVENUE	•	4.3 S1	TREET A	DDRESS	4029 ERRESS BIN PENSACOLA, FL 32505		
CITY-ST-ZIP	PENSACOLA FL		4.4 CI	17 + ST	- ZIP	PENSACOLA FL. 32505		
TITLE		DELETE	5.1 TI	TLE		Change Addit	ion	
NAME			5.2 N/	AME	Ţ			
STREET ADDRESS			5.3 \$1	TREET A	DDRESS			
CITY-ST-ZIP			5.4 Cf	TY-ST	- ZIP			
TITLE	☐ DELETE		6.1 Ti	6.1 TiTL€		L. Change ☐ Addii	ion	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 ST	rreet A	DDRESS		-	
CITY-ST-ZIP		30- 0-1- 700 1		TY-ST		415 O. M. 440 07/0/23 Facility Over		
Informatio	n indicated on this annual report or su	ipplemental annual report is	true and a wered to a dress	accur	ate and tha ite this repo	nd in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oath; that as required by Chapter 617, Florida Statutes; and that my name	ihat	