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Jul 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29424 (1)

1. Corporation Name

CHURCH OF GOD IN CHRIST TRUE HOLINESS CHURCH, IN
C.

Principal Place of Business

Mailing Address

2526 TRUMAN AVE.
PENSACOLA FL 32501
US

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



3. Date Incorporated or Qualified
11/23/1988

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3029084

Applied For
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

8. 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

MARKS, CLARENCE

~~904 MEDFORD AVE.~~ 4029 ERREBS BLVD.
PENSACOLA FL 32501 32505

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MARKS, CLARENCE
STREET ADDRESS 904 MEDFORD AVE.
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

1.1 TITLE PMD
1.2 NAME MARKS, CLARENCE
1.3 STREET ADDRESS 4029 ERREBS BLVD
1.4 CITY-ST-ZIP PENSACOLA FL 32505 ☒ Change ☐ Addition

TITLE T
NAME EVERHART, CYNTHIA
STREET ADDRESS 408 N 7TH AVENUE
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

2.1 TITLE ST
2.2 NAME EVERHART, CYNTHIA
2.3 STREET ADDRESS 706 VENDRE LN
2.4 CITY-ST-ZIP PENSACOLA, FL 32505 ☒ Change ☐ Addition

TITLE CTD
NAME JOHNSON, JESSIE JAMES
STREET ADDRESS 1103 W FISHER STREET
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

3.1 TITLE CDT
3.2 NAME JOHNSON, JESSIE JAMES
3.3 STREET ADDRESS 3104 PARAZINE
3.4 CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Change ☐ Addition

TITLE S
NAME MARKS, LULA
STREET ADDRESS 904 MEDFORD AVENUE
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

4.1 TITLE S
4.2 NAME MARKS, LULA
4.3 STREET ADDRESS 4029 ERREBS BLVD
4.4 CITY-ST-ZIP PENSACOLA, FL 32505 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)