

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

DOCUMENT # N29424 (1)

1. Corporation Name

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

Principal Place of Business

2526 TRUMAN AVE.  
PENSACOLA FL 32501  
US

Mailing Address

~~CLARENCE MARKS~~  
~~904 MEDFORD AVE.~~  
~~PENSACOLA FL 32501~~



3. Date Incorporated or Qualified

11/23/1988

4. FEI Number

59-3029084

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

ZCYNTHIA EVERHART

Suite, Apt. #, etc.

27

706 VENDEE LN

City & State

28

PENSACOLA, FL

Zip

Country

29

32505

30

ESCAMBIA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKS, CLARENCE

~~4029 ERRESS BLVD~~

PENSACOLA FL 32505

81 Name

MARKS, CLARENCE

82 Street Address (P.O. Box Number is Not Acceptable)

4021 ERRESS BLVD

83

PENSACOLA

84 City

FL

85

Zip Code  
32505

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PMD MARKS, CLARENCE 4029 ERRESS BLVD PENSACOLA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST EVERHART, CYNTHIA 706 VENDEE LN PENSACOLA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CTD JOHNSON, JESSIE JAMES 8104 PARAZINE PENSACOLA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S MARKS, LULA 4029 ERRESS BLVD PENSACOLA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PMD MARKS, CLARENCE 4021 ERRESS BLVD PENSACOLA FL 32505

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

S MARKS, LULA 4021 ERRESS BLVD PENSACOLA FL 32505

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

5339

CP2E037 (10/97)