

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30371

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** SALVATION HOLINESS CHURCH INC.

**Current Principal Place of Business:**

212 N.E. JEM STREET  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2074  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 36-3615331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TROUPE, SR, CLARENCE K PASTOR  
244 N.E. MILTON TERRACE  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TROUPE, CLARENCE K SR  
Address: 244 N.E. MILTON TERRACE  
City-St-Zip: LAKE CITY, FL 32055

Title: VD  
Name: TROUPE, LEATHA  
Address: 244 N.E. MILTON TERRACE  
City-St-Zip: LAKE CITY, FL 32055

Title: ST  
Name: MARSHALL, MAYLENE  
Address: 564 N.E. CENTER AVENUE  
City-St-Zip: LAKE CITY, FL 32055

I hereby 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 all other like empowered.

SIGNATURE: BISHOP CLARENCE K. TROUPE SR.

PD

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date