

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43401 (1)
1. Corporation Name
True Light Holiness Church, Inc.

Principal Place of Business: **4854 N.W. 7 Ave. Miami, FL 33127**
Mailing Address: **785 N.W. 69 Street Miami, FL 33127**

3. Date Incorporated or Qualified: **05/14/1991**
3a. Date of Last Report: **04/02/1995**

2. Principal Place of Business: **4854 N.W. 7 Ave. Miami, FL 33127**
2a. Mailing Address: **785 N.W. 59th St. Miami, FL 33127**
21. Suite, Apt. #, etc.:
22. City & State: **Miami, FL**
23. Zip: **33127**
24. Country: **Dade**

4. FEI Number: **65-0265271**
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
**Curry, Aron
785 N.W. 59th Street
Miami, FL 33127**

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	Curry, Aron (Elder) <input type="checkbox"/> DELETE
NAME	785 N.W. 59th Street
STREET ADDRESS	Miami, FL 33127
CITY - ST - ZIP	
TITLE	Alfretta Bolden <input type="checkbox"/> DELETE
NAME	5215 N.W. 11th Ave.
STREET ADDRESS	Miami, FL 33127
CITY - ST - ZIP	
TITLE	Pernerva Curry <input type="checkbox"/> DELETE
NAME	785 N.W. 59th Street
STREET ADDRESS	Miami, FL 33127
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001824143
53 STREET ADDRESS	-05/16/96--01028--002
54 CITY - ST - ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500001824143
63 STREET ADDRESS	-05/16/96--01028--003
64 CITY - ST - ZIP	***8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Aron Curry** **05/09/96** (305) **754-1710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)