


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

0029110

03-01-1999 90257 011 ****61.25
 03-01-1999 90257 012 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43401

1. Corporation Name
TRUE LIGHT HOLINESS CHURCH, INC.

Principal Place of Business 5176 NW 175TH AVENUE MIAMI FL 33142 US	Mailing Address 785 NW 59TH ST. MIAMI FL 33127-1125
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21. Principal Place of Business 5176 N.W. 17 Avenue Suite, Apt. #, etc.	2a. Mailing Address 785 NW 59TH ST. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/14/1991
22. City & State Miami FL	27. City & State	4. FEI Number 65-0265271
23. Zip 33142	28. Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CURRY, ARON
785 NW 59TH ST.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, ARON (ELDER)	
STREET ADDRESS	785 N.W. 59TH ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, PERNERVA W	
STREET ADDRESS	785 NW 59TH ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLDEN, ALFRETTA	
STREET ADDRESS	5215 NW 11TH AVE	
CITY-ST-ZIP	MIAMI FL 33127	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Aron Curry SIGNATURE REQUIRED 01/10/99 (305) 754-1710
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)