


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N43401

1. Entity Name
 TRUE LIGHT HOLINESS CHURCH, INC.



Principal Place of Business Mailing Address

5176 NW 17 AVE 785 NW 59TH ST.
 MIAMI, FL 33142 US MIAMI, FL 33127-1125

DO NOT WRITE IN THIS SPACE



03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0265271 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURRY, ARON
 785 NW 59TH ST.
 MIAMI, FL

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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 03/05/04-80047-020 8.75

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | CURRY, ARON (ELDER) |
| STREET ADDRESS | 785 N.W. 59TH ST |
| CITY-ST-ZIP | MIAMI, FL 33127 |
| TITLE | D |
| NAME | CURRY, PERNERVA W |
| STREET ADDRESS | 785 NW 59TH ST |
| CITY-ST-ZIP | MIAMI, FL 33127 |
| TITLE | D |
| NAME | BOLDEN, ALFRETТА |
| STREET ADDRESS | 5215 NW 11TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33127 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pernerva Curry - Pernerva Curry* 03-03-04⁽³⁰⁵⁾ 754-1710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #