


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



03012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0265271	Applied For 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

**DO NOT WRITE
IN THIS SPACE**

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

U00000077562
03/05/04-80047-020 8.75

10. OFFICERS AND DIRECTORS

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

U00000077562
03/05/04-80047-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 #