


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N43401 1. Entity Name TRUE LIGHT HOLINESS CHURCH, INC.	
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Principal Place of Business 5176 NW 17 AVE MIAMI FL 33142 US	Mailing Address 785 NW 59TH ST. MIAMI FL 33127-1125
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0265271
Suite, Apt #, etc	Suite, Apt #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

CURRY, ARON
785 NW 59TH ST.
MIAMI FL

7. Name and Address of New Registered Agent

Name _____
 Street Address (P O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000404085		
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	02/06/06-80032-023		61.25
CITY-ST-ZIP			
TITLE	U00000404085	<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	02/06/06-80032-024		8.75
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Aron Curry 1-24-06 (305) 754-171