2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003932

FILED Feb 19, 2004 Secretary of State

Entity Name: TRUE PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SHEAD RD. H, FL 32712	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 78 CLARCON	31 A, FL 32710				
FEI Number:	59-3268407	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
5406 ST. J0	AEL, WILLIE L OSEPH BLVD. , FL 32818	US			
The above in the State		ubmits this statement for the pur	oose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electroni	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () CARMICHAEL, \ 5406 ST. JOSEF ORLANDO, FL	PH BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	E/D () CARMICHALE, \$ 5406 ST. JOSEF ORLANDO, FL	PH BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TM () GRIMMAGE, MA 21 ROLAND HYI APOPKA, FL 32	ES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TYLER, WILLIE 1155 OLD APOR APOPKA, FL 32	PKA RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () TYLER, ANGEL 1155 OLD APOR	Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE CARMICHAEL P/D 02/19/2004