

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003932

FILED
Jan 17, 2009
Secretary of State

Entity Name: TRUE PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

3593 HOGSHEAD RD.
PLYMOUTH, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 781
CLARCONA, FL 32710

New Mailing Address:

FEI Number: 59-3268407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMICHAEL, WILLIE L
1772 CLARCONA RD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CARMICHAEL, WILLIE L JR.
Address: 1772 CLARCONA RD
City-St-Zip: APOPKA, FL 32703

Title: E/D () Delete
Name: CARMICHAEL, SHIRLEY
Address: 5406 ST. JOSEPH BLVD.
City-St-Zip: ORLANDO, FL 32818

Title: TM () Delete
Name: GRIMMAGE, MAMIE
Address: 21 ROLAND HYES
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BANKS, STEPHANIE F
Address: 903 S WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BANKS, ROOSEVELT
Address: 903 S WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 L CARMICHAEL

P/D

01/17/2009

Electronic Signature of Signing Officer or Director

Date