

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 JAN 30 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002477

1. Corporation Name

THE TRUE HOLINESS CHURCH OF LOVE, INC.

Principal Place of Business

Mailing Address

6504 N. MERIDIAN RD.  
TALLAHASSEE FL 32312

6504 N. MERIDIAN RD.  
TALLAHASSEE FL 32312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3381223

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FOUTZ, LORNA	6504 N. MERIDIAN RD.	TALLAHASSEE FL 32312
VD	RORY, FRED	5036 FORT ROAD	GREENWOOD FL 32443
SD	ROBINSON, ELSIE	1894 OAKRIDGE RD.	TALLAHASSEE FL 32311
TD	BLAKE, WILLIE C	6100 WOODVILLE HWY.	TALLAHASSEE FL 32311
SD	SETTLES, YOLANDA R	405 MERCURY DR.	TALLAHASSEE FL 32310
TD	HUNTER, CHRISTINE	1544 LIETZ RD.	TALLAHASSEE FL 32310

8. Name and Address of Current Registered Agent

WOOLFORK, ROBERT  
THE MURPHY HOUSE  
317 E. PARK AVE.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

REINSTATEMENT

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Robert Woolfork*

REGISTERED AGENT MUST SIGN

Date 12/31/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

*LORNA FOUTZ* REINSTATEMENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300003677433-6

-02/13/01--01093--014

\*\*\*297.50 \*\*\*297.50

11-20-00 668-3297

Date

Daytime Phone #