

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002477

1. Entity Name
THE TRUE HOLINESS CHURCH OF LOVE, INC.



FILED
07 JUL -5 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8522 OLD WOODVILLE HIGHWAY
TALLAHASSEE, FL 32305

Mailing Address
PO BOX 5791
TALLAHASSEE, FL 32314



07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3381223

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUTZ, LORNA
6504 N. MERIDIAN ROAD
TALLAHASSEE, FL 32312

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

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FOUTZ, LORNA 6504 N. MERIDIAN RD. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD RORY, FRED 5036 FORT ROAD GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROBINSON, ELSIE 1894 OAKRIDGE RD. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BLAKE, WILLIE C 6100 WOODVILLE HWY. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SETTLES, YOLANDA R 405 MERCURY DR. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HUNTER, CHRISTINE 1544 LIETZ RD. TALLAHASSEE, FL 32310

900106257559
07/17/07--01016--007 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William Foutz 7-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #