2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001317

FILED Apr 29, 2010 Secretary of State

Entity Name: TRUE GOSPEL HOLINESS CHRISTIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

8222 NE 2ND AVENUE MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

8222 NE 2 AVENUE 8222 NE 2ND AVENUE MIAMI, FL 33138 8222 NE 2ND AVENUE MIAMI, FL 33138

FEI Number: 59-3523592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOEL, ABNER 470 NW 108 STREET MIAMI, FL 33168 US

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: PD

Name: NOEL, ABNER
Address: 470 NW 108 STREET
City-St-Zip: MIAMI, FL 33168

Title: SD

Name: DECEUS, SARAH Address: 16234 NE 9TH PLACE

City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD

Name: CHRISTIANA, DESTIN Address: 14501 N.E 10TH AVENUE City-St-Zip: MIAMI, FL 33161

City-St-Zip. WilAWII, FL 33 R

 Title:
 VP

 Name:
 CLERMONT, PIERRE A

 Address:
 15001 NE 6TH AVE

 City-St-Zip:
 MIAMI, FL 33161

Title: AT

Name: ANDRE, CLAUDETTE
Address: 13300 NE 6TH AVE
City-St-Zip: NORTH MIAMI, F 33161

Title: AS

Name: MEZIDOR, HELENE Address: 338 NE 171TH ST City-St-Zip: MIAMI, FL FLORIDA

I hereby 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 all other like empowered.

SIGNATURE: ABNER NOEL PD 04/29/2010