

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90092 048 ****61.25

DOCUMENT # N97000002103

1. Entity Name

TRUTH HOLINESS CHURCH, INC.

Principal Place of Business

**ROUTE 3 BOX 5838
PALATKA FL 32177**

Mailing Address

**ROUTE 3 BOX 5838
PALATKA FL 32177**

2. Principal Place of Business

268 Peniel Church Road

3. Mailing Address

268 Peniel Church Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, FL 32177

City & State

Palatka, FL 32177

4. FEI Number

59-3442212

Applied For /

Not Applicable

Zip

32177

Country

USA

Zip

32177

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, VINCENT WAYNE
ROUTE 3 BOX 5838
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
268 Peniel Church RoadCity
Palatka**FL**Zip Code
32177

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.

SIGNATURE

*Vincent W. Smith***Vincent W. Smith****4/26/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SMITH, VINCENT W**
STREET ADDRESS **ROUTE 3 BOX 5838**
CITY-ST-ZIP **PALATKA FL 32177**TITLE **VSTD** ☐ Delete
NAME **SMITH, ALAN D**
STREET ADDRESS **419 OAKWOOD ST**
CITY-ST-ZIP **CRESCENT CITY FL 32112**TITLE **T** ☐ Delete
NAME **CARRAWAY, WAYNE**
STREET ADDRESS **5210 S. WALLACE RD**
CITY-ST-ZIP **PLANT CITY FL 33566**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Smith, Vincent W.**
STREET ADDRESS **268 Peniel Church Road**
CITY-ST-ZIP **Palatka, FL 32177**TITLE **VSTD** ☒ Change ☐ Addition
NAME **Smith, Alan D.**
STREET ADDRESS **203 Montague Ave.**
CITY-ST-ZIP **Interlachen, FL 32148**TITLE **T** ☒ Change ☐ Addition
NAME **Carraway, Wayne**
STREET ADDRESS **14550 Martin Luther King Blvd.**
CITY-ST-ZIP **Dover, FL 33527**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Vincent W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Vincent W. Smith****4-26-01 (386) 325-0437**

Date

Daytime Phone #

CR2E037 (10/00)