

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91064 022 \*\*\*\*61.25

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <b>DOCUMENT # N97000002103</b>   |  |  |   |  |   |
| <b>1. Entity Name</b><br>TRUTH HOLINESS CHURCH, INC.   |  |  |   |  |   |
| <b>Principal Place of Business</b><br>268 PENIEL CHURCH ROAD<br>PALATKA, FL 32177  |  |  | <b>Mailing Address</b><br>268 PENIEL CHURCH ROAD<br>PALATKA, FL 32177 |  |   |
| <b>2. Principal Place of Business</b>  |  |  | <b>3. Mailing Address</b>   |  |   |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |   |
| City & State   |  |  | City & State  |  |   |
| Zip  |  | Country  |   | Zip  |   |
| Country  |  | Country  |   | Country  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SMITH, VINCENT WAYNE<br>268 PENIEL CHURCH ROAD<br>PALATKA, FL 32177  |  |  |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City |   |
| FL   |  |  |   | Zip Code   |   |
| <b>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.</b>   |  |  |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____  |  |  |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>          |  |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SMITH, VINCENT W<br>268 PENIEL CHURCH ROAD<br>PALATKA, FL 32177    | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSTD<br>SMITH, ALAN D<br>203 MONTAGUE AVENUE<br>INTERLACHEN, FL 32148    | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>CARRAWAY, WAYNE<br>14550 MARTIN LUTHER KING BLVD<br>DOVER, FL 33527 | <input checked="" type="checkbox"/> Delete   |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Director<br>CHRISTOPHER D LEE<br>919 DEL MONACO ST<br>INTERLACHEN, FL 32148 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>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.</b> |  |  |   |  |   |
| <b>SIGNATURE:</b> <u>Vincent W. Smith</u>  |  | 4/28/04  |   | (386)325-0437  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date   |   | Daytime Phone #  |   |