
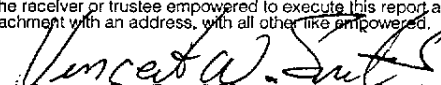


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002103 1. Entity Name TRUTH HOLINESS CHURCH, INC.				
Principal Place of Business 268 PENIEL CHURCH ROAD PALATKA, FL 32177		Mailing Address 268 PENIEL CHURCH ROAD PALATKA, FL 32177		
DO NOT WRITE IN THIS SPACE				
				01232006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 59-3442212		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, VINCENT WAYNE 268 PENIEL CHURCH ROAD PALATKA, FL 32177				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD SMITH, VINCENT W 268 PENIEL CHURCH ROAD PALATKA, FL 32177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSTD SMITH, ALAN D 203 MONTAGUE AVENUE INTERLACHEN, FL 32148		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LEE, CHRISTOPHER D 919 DEL MONACO ST INTERLACHEN, FL 32148		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: 		4-30-06 386-325-0437		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone n		