



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90029 046 \*\*\*\*61.25

<b>DOCUMENT # N97000002103</b> 1. Entity Name <b>TRUTH HOLINESS CHURCH, INC.</b>					
Principal Place of Business <del>268 PENIEL CHURCH ROAD</del> <del>PALATKA, FL 32177</del>			Mailing Address <del>268 PENIEL CHURCH ROAD</del> <del>PALATKA, FL 32177</del>		
2. Principal Place of Business - No P.O. Box # <b>142 Hollister Church Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box</b> Suite, Apt. #, etc.			
City & State <b>Hollister FL</b>		City & State <b>Hollister FL</b>		4. FEI Number <b>59-3442212</b>	
Zip <b>32147</b>		Country <b>Putnam</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SMITH, ALAN D</b> <b>203 MONTAGUE AVE</b> <b>INTERLACHEN, FL 32148</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, ALAN D 203 MONTAGUE AVENUE INTERLACHEN, FL 32148 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD LEE, CHRISTOPHER D 919 DEL MONACO ST INTERLACHEN, FL 32148 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARD, WESLEY 574 PHILLIPS RD DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					