2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2009
Secretary of State

DOCUMENT# N97000002103

Entity Name: TRUTH HOLINESS CHURCH, INC.

Current Principal Place of Business:

142 HOLLISTER CHURCH RD.
HOLLISTER, FL 32147 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX
HOLLISTER, FL 32147 US

New Mailing Address:

P.O. BOX 1094
HOLLISTER, FL 32147 US

FEI Number: 59-3442212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ALAN D
203 MONTAGUE AVE
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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 ( ) Delete
Name: SMITH, ALAN D
Address: 203 MONTAGUE AVENUE
City-St-Zip: INTERLACHEN, FL 32148

Title: VSTD ( ) Delete
Name: LEE, CHRISTOPHER D
Address: 919 DEL MONACO ST
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: ARD, WESLEY
Address: 574 PHILLIPS RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN D. SMITH PD 07/03/2009

Electronic Signature of Signing Officer or Director — Date