

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90538 015 \*\*\*150.00

**DOCUMENT # N97000005354**

1. Entity Name  
**TRUE HOLINESS OF WORSHIP, INC.**



Principal Place of Business  
**1801 E COLONIAL DR  
#107  
ORLANDO, FL 32803**

Mailing Address  
**1801 E COLONIAL DR  
#107  
ORLANDO, FL 32803**



02192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3708395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBINSON, MAURICE  
1801 E COLONIAL DR  
#107  
ORLANDO, FL 32803**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOBLEY, LILLIAN
STREET ADDRESS	4909 POLARIS ST
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	D
NAME	WILLIAM, BRIDGES
STREET ADDRESS	4909 POLARIS ST.
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	SDCD
NAME	HAYES, CATHERINE
STREET ADDRESS	4684 EDGE-MOOR ST.
CITY-ST-ZIP	ORLANDO, FL 32811

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 reports 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #