

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSK*



<b>DOCUMENT # N99000001229</b> 1. Entity Name <b>TRUE FELLOWSHIP HOLINESS CHURCH OF TALLAHASSEE, CORPORATION</b>					
Principal Place of Business <b>123 FAMU WAY TALLAHASSEE, FL 32301</b>			Mailing Address <b>P.O. BOX 5974 TALLAHASSEE, FL 32314</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3446048</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>NIXON, EULA M 501 EMORY COURT TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTRU</b> <b>BROWN, THOMAS L</b> <b>4007 ROSCREA DRIVE</b> <b>TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, LARRY C</b> <b>668 W. 6TH AVE</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>NIXON, EULA M</b> <b>501 EMORY COURT</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>000101351270</b>  <b>05/03/07--01016--013 **61.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AFS</b> <b>SCOTT, PATTIE J</b> <b>834 BREWER STREET</b> <b>TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, CHARLES A</b> <b>1019 GRIFFIN ST.</b> <b>TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete		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"/> Delete		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: <i>Eula M. Nixon</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-25-07</b> <small>Date</small>		
			<b>(850) 576-8979</b> <small>Daytime Phone #</small>		