,,2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N99000001229 1. Entity Name TRUE FELLOWSHIP HOLINESS CHURCH OF

FILED

2008 FEB 26 PM 1:54

TALLAHASSEE, CORPORATION				7	0000	- 54			
Principal Place 123 FAMU W TALLAHASSE	AY	Mailing Address P O BOX 5974 TALLAHASSEE, FL 32314	us us	TALL	CRETARY OF STA AHASSEE, FLOR	ITE RIDA			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02262008 Ct	ng-NP CR2E03	7 (12/06)	,		
City & State	0	City & State		4. FEI Number 59-344604	8	<u> </u>	plied For		
Zip	Country	Zip	Country	5. Certificate of St	5. Certificate of Status Desired See Required				
	6. Name and Address of Current	t Registered Agent		7. Name and Add	ress of New Registered A	gent			
AUVON EI	II A 84		Name .						
NIXON, EULA M 501 EMORY COURT TALLAHASSEE, FL 32308			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City	,	FL	Zip Code	9		
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 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, 2008	9. Election Campa Trust Fund Cor		\$5.00 May Be Added to Fees	Make check Florida Depart				
10.		Trust Fund Cor		Added to Fees		tment of Si	ate		
10.	Due by May 1, 2008	Trust Fund Cor	ntribution.	Added to Fees	Florida Depart	tment of Si	ate		
TITLE NAME	OFFICERS AND D CTRU BROWN, THOMAS L	Trust Fund Cor	11. IITLE NAME	Added to Fees	Florida Depart	ECTORS IN	10		
TITLE	OFFICERS AND D	Trust Fund Cor	11.	Added to Fees	Florida Depart	ECTORS IN	10		
TITLE NAME STREET ADDRESS	OFFICERS AND D CTRU BROWN, THOMAS L 4007 ROSCREA DRIVE TALLAHASSEE, FL 32308	Trust Fund Cor	11. IIILE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida Depart	ECTORS IN Change	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D CTRU BROWN, THOMAS L 4007 ROSCREA DRIVE TALLAHASSEE, FL 32308 T SMITH, LARRY C	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANG	Florida Depart	ECTORS IN Change	10 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D CTRU BROWN, THOMAS L 4007 ROSCREA DRIVE TALLAHASSEE, FL 32308 T SMITH, LARRY C 668 W 6TH AVE	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida Depart	ECTORS IN Change	10 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND D CTRU BROWN, THOMAS L 4007 ROSCREA DRIVE TALLAHASSEE, FL 32308 T SMITH, LARRY C 668 W 6TH AVE TALLAHASSEE, FL 32303	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG	Florida Depart	Change	Addition Addition		
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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 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:	La M. Nyton	-	Daytime Phone #
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Dayume Frione F