

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90027 030 ****61.25

DOCUMENT # N99000004296

1. Entity Name

THE CHURCH OF CHRIST IN TRUE HOLINESS, INC.

R

Principal Place of Business

108 S.W. 5TH ST.
 FT. MEADE FL 33841

Mailing Address

108 S.W. 5TH ST.
 FT. MEADE FL 33841-3412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ELDER CHARLIE JR
1020 TEE CIR. W.
BARTOW FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Charlie Marcus Jr

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

(NOTE: Registered Agent signature required when reinstating)

5/8/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Co-Incorporator	James E. Adams, Jr.	1780 Hamilton Street	Bartow, FL 33830					<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Deeq. Shaquie H Davis Adams T	Bartow FL 33830						<input type="checkbox"/>	<input type="checkbox"/>
Co-pastor	Elder Alonzo James Jackson Sr T	FT Meade FLA 33841						<input type="checkbox"/>	<input type="checkbox"/>
Pastor	Rev Charlie Horning T	1020 Tee Circle W	Bartow FL 33830 6139					<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 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.

SIGNATURE:

Charlie Marcus Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2000

Zip 863
 533 8242

Daytime Phone #

CR2E037 (9/99)