

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

Mailing Address

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

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

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

5/7/2000 533 8242

Daytime Phone #

CR2E037 (9/99)