2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004296

1. Entity Name

THE CHURCH OF CHRIST IN TRUE HOLINESS, INC.)	09-18-2001 90	0002 04	19 ****61.	25
Principal Place	Mailing Address	g Address								
108 S.W. 5TH ST. 108		108 S.W. 5TH ST. FT. MEADE FL 33841				÷÷:				
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	SPACE	
City & State		City & State	City & State			4. FEI Number	NOT APPLICA	BLE		plied For t Applicable
Zip Country		Zip Co		ountry		5. Certificate of Status Desired				
•	6. Name and Address of Curren	nt Registered Agent	1		7	7. Name and A	ddress of New Reg			<u> </u>
				Name						
MARCUS, ELDER CHARLIE JR 1020 TEE CIR. W.				Street Address (P.O. Box Number is Not Acceptable)						
BARTOW							i			
DAIIIO₩ ÷	1 2 00000			City				FL	Zip Code	9
8. The above	named entity submits this statement	for the purpose of changing it	s registere	ed office or re	registered	agent, or both,	in the state of Floric	da.		
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SIGNATURE _	Reu Chali:	marano g					9/	/ 10	1/20	<u>v /</u>
	Signature, typed or printed name of registered age									
	digitalistic, types of printed fiducial distributions ago	Tit alle litte ii applicable.	TE. Registere	u Again signadire	e required wh	en reinstating)				
							Z Make	Check	Pavable 1	to
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$	9. Election Ca	ampaign F	inancing	\$	5.00 May Bedded to Fees			Payable int of State	
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$	9. Election Ca S236.25 Trust Fund	ampaign F	inancing	□ \$	5.00 May Bedded to Fees		partmei	nt of State	10
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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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Chilis Tro

Date 9 / 10-1 1 Daytime Phone #

FILED Sep 18, 2001 8:00 am Secretary of State