

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

09-18-2001 90002 049 \*\*\*\*61.25

**DOCUMENT # N99000004296**

1. Entity Name

**THE CHURCH OF CHRIST IN TRUE HOLINESS, INC.**



Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*Rev Charlie Marcus Jr*

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

(NOTE: Registered Agent signature required when reinstating)

*9/10/2001*

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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	Delete
COI	ADAMS, JAMES E JR	1780 HAMILTON STREET	BARTOW FL 33830	<input checked="" type="checkbox"/>
ST	ADAMS, SHAQLIEH D	1780 HAMILTON STREET	BARTOW FL 33830	<input type="checkbox"/>
COPT	JACKSON, ALONZO J	1060 ZEI CYALA W	FORT MEADE FL 33841	<input type="checkbox"/>
PT	PONCED, CHARLIE	1060 ZEI CAYLA W	BARTOW FL 33830	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Cathy Williams	1007 NE 6th St.	Fort, Meade 33841	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Shaquella Adams	1000 Golfview Ave Apt. 57	Bartow FL 33830	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Alonzo Jackson	108 S-W 5th St	FORT MEADE FL 33841	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Charlie Marcus	1020 W. Tee Circle	Bartow FL 33830	<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:** **SIGNATURE REQUIRED** *Rev Charlie Marcus Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9/10/01* Paytime Phone #

CR2E037 (5/01)