

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91616 032 ****61.25

DOCUMENT # N99000004296

1. Entity Name

THE CHURCH OF CHRIST IN TRUE HOLINESS, INC.

Principal Place of Business

Mailing Address

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

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

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

NOT APPLICABLE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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	ST	<input type="checkbox"/> Delete
NAME	ADAMS, SHAQUETTA	
STREET ADDRESS	1080 GOLFVIEW AVE., APT. 57	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	COPT	<input type="checkbox"/> Delete
NAME	JACKSON, ALONZO	
STREET ADDRESS	108 S.W. 5TH ST.	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MARCUS, CHARLIE	
STREET ADDRESS	1020 W. TEE CIRCLE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	COI	<input type="checkbox"/> Delete
NAME	WILLIAMS, CATHY	
STREET ADDRESS	1007 NE 6TH ST.	
CITY-ST-ZIP	FORT MEADE FL 33841	
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		
STREET ADDRESS		
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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: *RSIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23 / 2002
 Date

Daytime Phone #

CR2E037 (9/01)