

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004296

1. Entity Name
THE CHURCH OF CHRIST IN TRUE HOLINESS, INC.



Principal Place of Business
**15 W BROADWAY
FT. MEADE, FL 33841**

Mailing Address
**1020 W TEE CIRCLE
BARTOW, FL 33830**

DO NOT WRITE IN THIS SPACE



04182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1181340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rev Charlie Marcus Jr*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/04**

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WILLIAMS, IRENE
126 SE 6TH ST
FORT MEADE, FL 33841**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, ALONZO
108 S.W. 5TH ST.
FORT MEADE, FL 33841**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MARCUS, CHARLIE
1020 W. TEE CIRCLE
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COIT
MOORE, CATHY
1007 NE 6TH ST.
FORT MEADE, FL 33841**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rev Charlie Marcus Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 / 863 533 8242
Date Daytime Phone #