


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N99000004296
 1. Entry Name
THE CHURCH OF CHRIST IN TRUE HOLINESS, INC.



Principal Place of Business Mailing Address
15 W BROADWAY **1020 W TEE CIRCLE**
FT. MEADE, FL 33841 **BARTOW, FL 33830**

DO NOT WRITE IN THIS SPACE



04182004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-1181340 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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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* DATE **4/19/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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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 04/21/04-80042-006 61.25

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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)(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 **4/19/04 / 863 533 8242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR Date Daytime Phone #