

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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**



04282008 No Chg-NP CR2E037 (4/06)

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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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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000937697
 05/27/08-80055-011 61.25

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charlie Marcus, Jr.* **Charlie Marcus, Jr.** 4/28/08 863-409-2574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #