


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90313 024 \*\*\*\*61.25

0013861

**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**

**33033033**



2. Principal Place of Business  
**15 W. Broadway**

3. Mailing Address  
**1020 W. Tee Circle**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Fort, Meade FL**

City & State  
**Bartow, FL**

Zip  
**33841**

Country  
**FLK**

Zip  
**33830**

Country  
**FLK**

4. FEI Number **NOT APPLICABLE**  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**

7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ADAMS, SHAQUETTA</b>	
STREET ADDRESS <b>1060 GOLFVIEW AVE., APT. 57</b>	
CITY-ST-ZIP <b>BARTOW FL 33830</b>	
TITLE <b>COPT (D)</b>	<input type="checkbox"/> Delete
NAME <b>JACKSON, ALONZO</b>	
STREET ADDRESS <b>108 S.W. 5TH ST.</b>	
CITY-ST-ZIP <b>FORT MEADE FL 33841</b>	
TITLE <b>PT (D)</b>	<input type="checkbox"/> Delete
NAME <b>MARCUS, CHARLIE</b>	
STREET ADDRESS <b>1020 W. TEE CIRCLE</b>	
CITY-ST-ZIP <b>BARTOW FL 33830</b>	
TITLE <b>COI (D)</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WILLIAMS, CATHY</b>	
STREET ADDRESS <b>1007 NE 6TH ST.</b>	
CITY-ST-ZIP <b>FORT MEADE FL 33841</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>ST (T)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Mrs. Irene Williams</b>	
STREET ADDRESS <b>126 S.E. 6th St. Fort, Meade FL</b>	
CITY-ST-ZIP <b>33841</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>COI (T)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Moore, Cathy</b>	
STREET ADDRESS <b>1007 NE 6th St. Fort, Meade</b>	
CITY-ST-ZIP <b>33841</b>	
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	
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: **CHARLIE MARCUS JR. 8/1/03**

863/5338242

CR2E037 (4/03)

Attachment

10# [REDACTED]

35050424

35053099

PT

Pastor (Banking Committee)

Elder Charlie Marcus Jr.

1020 W. Tee Circle

Bartow FL 33830

Co-Pastor (COPT)

Elder Alonzo Jackson

303 Sherwood Drive

Fort Meade FL 33841

(ST)

Secretary (Banking Committee)

Mrs. Irene Williams

126 S.E. 6th St.

Fort Meade FL 33841

(COT)

Treasurer (Banking Committee)

Mrs. Cathy Moore

1007 N.E. 6th St.

Fort Meade FL 33841