

# 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

0013961

**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

2. Principal Place of Business

15 W. Broadway  
Suite, Apt. #, etc.

3. Mailing Address

1020 W. Tee Circle  
Suite, Apt. #, etc.

33033033



☐ CHECK HERE IF MAKING CHANGES

City & State

Fort, Meade FL

City & State

Bartow, FL

4. FEI Number **NOT APPLICABLE**

65-1181340

☒ Applied For

☐ Not Applicable

Zip

33841

Country

POK

Zip

33830

Country

POK

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Irene Williams	33841
STREET ADDRESS	126 S.E. 6th St. Fort, Meade FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COI (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Cathy	33841
STREET ADDRESS	1007 NE 6th St. Fort, Meade	
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		
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:** *Resignation Required* CHARLIE MARCUS JR. 8/1/03  
863/5338242

CR2E037 (4/03)

Attachment  
10th [REDACTED]

35050426

55053099

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