

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30371

**Entity Name:** SALVATION HOLINESS CHURCH INC.

**Current Principal Place of Business:**

212 N.E. JEM STREET  
LAKE CITY, FL 32055

**Current Mailing Address:**

P.O. BOX 2074  
LAKE CITY, FL 32056

**FEI Number: 36-3615331**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TROUPE, SR, CLARENCE KPASTOR  
244 N.E. MILTON TERRACE  
LAKE CITY, FL 32055 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TROUPE, CLARENCE KSR  
Address 244 N.E. MILTON TERRACE  
City-State-Zip: LAKE CITY FL 32055

Title VD  
Name TROUPE, LEATHA  
Address 244 N.E. MILTON TERRACE  
City-State-Zip: LAKE CITY FL 32055

Title ST  
Name MARSHALL, MAYLENE  
Address 564 N.E. CENTER AVENUE  
City-State-Zip: LAKE CITY FL 32055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CLARENCE KPASTOR TROUPE SR.**

**PRESIDENT**

**04/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date