| DOCUMENT# N97000001317 | | | Apr 30, 2024 | |
|----------------------------------|---|-----------------------|---|------------|
| Entity Name | : TRUE GOSPEL HOLINESS CHRISTIAN CEI | NTER, INC. | Secretary 887057 | |
| Current Prir | ncipal Place of Business: | | 00/03/ | 199400 |
| 171 NE 166 ST NORTH MIAMI | BEACH, FL 33162 | | | |
| | | | | |
| Current Mai | ling Address: | | | |
| 171 NE 166 | | | | |
| NORTHMIA | MIBEACH, FL 33162 US | | | |
| FEI Number: 65-0738623 Certifica | | | Certificate of Status Des | ired: No |
| Name and A | ddress of Current Registered Agent: | | | |
| NOEL, ABNER 470 NW 108 ST | | | | |
| MIAMI, FL 331 | | | | |
| The above named | d entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Flo | rida. |
| SIGNATURE: ABNER NOEL | | | | 04/30/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | PD | Title | Т | |
| Name | NOEL, ABNER | Name | ANDRE, CLAUDETTE | |
| Address | 470 NW 108 ST | Address | 5411 NW 199 ST | |
| City-State-Zip: | MIAMI FL 33168 | City-State-Zip: | MIAMI GARDENS FL 33055 | |
| Ony Olate Zip. | | | | |
| Title | SECRETARY | | | |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: ABNER NOEL

1780 NW 127 ST

City-State-Zip: MIAMI FL 33167

Address

PD

FILED

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Electronic Signature of Signing Officer/Director Detail