

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30180

FILED
Mar 31, 2004
Secretary of State**Entity Name:** TRUTH TABERNACLE OF GOD, INC.**Current Principal Place of Business:**2881 N.W. 13 ST.
POMPANO BEACH, FL 33069**New Principal Place of Business:****Current Mailing Address:**NEW P.O.
P.O. BOX 667015
POMPANO BEACH, FL 330667015**New Mailing Address:****FEI Number:** 65-0147687**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DOZIER, LEKETIA BARNER, ESQUIRE
1164 CORAL CLUB DR
CORAL SPRINGS, FL 33071 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: ROBERTS, JOHNNY
Address: 2881 NW 13TH STREET
City-St-Zip: POMPAN0 BEACH, FL**Title:** SD () Delete
Name: ROBERTS, LEONARDA
Address: 2581 NW 12TH STREET
City-St-Zip: POMPAN0 BEACH, FL**Title:** P () Delete
Name: MCHENRY, QUEEN O
Address: 2581 NW 12TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33069**Title:** TD () Delete
Name: WILLIAMS, VELEMINA
Address: 150 NE 6TH ST
City-St-Zip: DEERFIELD BEACH, FL 33441**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: QUEEN O. MCHENRY

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03/31/2004

Electronic Signature of Signing Officer or Director

Date