



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90212 049 ****61.25

DOCUMENT # 734866 1. Entity Name TRUE PENTECOSTAL CHURCH OF GOD IN CHRIST INC.					
Principal Place of Business Mailing Address 2610 NW 8 ST 2610 NW 8 ST FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311				65041231 	
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0941231 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARLEY, ELLA 2510 NW 31 AVENUE FT. LAUDERDALE FL 33311				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 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. NEELEY, ORMAND 2061 N.W. 28 TERRACE FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Alexia Hankerson 3447 N.W. 14TH CT. Fort. Lauderdale, Fla.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BROWN, ARTHUR 224 S.W. 22ND AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Delois Powell 732 N.W. 19TH TERR. Fort. Lauderdale, Fla. 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKERSON, JOHN 1618 NW 13TH ST FT LAUDERDALE, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMP, VIRGA 3011 NW 8 CT. FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, IVORY 1532 N.W. 32 AVE FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, SCOTT 732 NW 19TH TERR. FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE 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: <i>Ren. Virga Kemp</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/19/06 954-321-9393 Date Daytime Phone #	