

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736644 (6)

1. Corporation Name
TRUE GOSPEL MISSION, INC.



| | |
|--|--|
| Principal Place of Business P.O. BOX 558 CHIEFLND FL 32626 | Mailing Address P.O. BOX 558 CHIEFLND FL 32626 |
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|--|--|
| 3. Date Incorporated or Qualified 08/23/1976 | 3a. Date of Last Report 05/01/1995 |
|--|--|

| | | | |
|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-1798976 | Applied For <input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip | 25 Country | 29 Zip | 30 Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**BEAUCHAMP, GREGORY V.
U. S. HIGHWAY 19
CHIEFLND FL**

| | |
|--|------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE SCOTT, ROBERT LEE | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HWY. 19 NORTH | 1 2 NAME | |
| STREET ADDRESS | CHIEFLND FL | 1 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1 4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, RUTHA MAE | 2 2 NAME | |
| STREET ADDRESS | HWY. 19 NORTH | 2 3 STREET ADDRESS | |
| CITY - ST - ZIP | CHIEFLND FL | 2 4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, LEROY | 3 2 NAME | |
| STREET ADDRESS | HWY. 19 NORTH | 3 3 STREET ADDRESS | |
| CITY - ST - ZIP | CHIEFLND FL | 3 4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4 2 NAME | |
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| TITLE | <input type="checkbox"/> DELETE | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY - ST - ZIP | | 5 4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6 4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Robert L. Scott Pres. Date April 26, 1996 (904) 7083 ⁴⁴³

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)