

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736644

1. Entity Name

TRUE GOSPEL MISSION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90128 036 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 558
 CHIEFLND FL 32644
 US

P.O. BOX 558
 CHIEFLAND FL 32644-0558
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1798976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, ROBERT LEE	
STREET ADDRESS	HWY. 19 NORTH	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, RUTHA MAE	
STREET ADDRESS	HWY. 19 NORTH	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, LEROY	
STREET ADDRESS	HWY. 19 NORTH	
CITY-ST-ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 20, 2000
 Date

352-993-7083
 Daytime Phone #

CR2E037 (9/99)