

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

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90036 003 ****61.25

DOCUMENT # 736644

1. Entity Name

TRUE GOSPEL MISSION, INC.



Principal Place of Business

P.O. BOX 558
CHIEFLAND FL 32644
US

Mailing Address

P.O. BOX 558
CHIEFLAND FL 32644
US

2. Principal Place of Business

P.O. Box 558

3. Mailing Address

P.O. Box 558

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Chiefland, Florida

City & State

Chiefland, Florida

4. FEI Number

59-1798976

Applied For

Not Applicable

Zip

32644

Country

Levy

Zip

32644

Country

Levy

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS SCOTT, ROBERT LEE
CITY-ST-ZIP HWY. 19 NORTH
CHIEFLAND FL

TITLE ☐ Delete
NAME SD
STREET ADDRESS SCOTT, RUTHA MAE
CITY-ST-ZIP HWY. 19 NORTH
CHIEFLAND FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SCOTT, LEROY
CITY-ST-ZIP HWY. 19 NORTH
CHIEFLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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)(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: *Robert Lee Scott President 1-25-05 352-493-7083*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #