

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**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  
 Suite, Apt. #, etc  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number  
**59-1798976**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Applied For  
 Not Applied

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 re-registering) DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

UNNNNN0433512  
 02/24/06-80021-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.