


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1798976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEAUCHAMP, GREGORY V. U. S. HIGHWAY 19 CHIEFLAND, FL
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	SCOTT, ROBERT LEE
NAME HWY. 19 NORTH	
STREET ADDRESS CHIEFLAND, FL	
CITY-ST-ZIP	
TITLE SD	SCOTT, RUTHA MAE
NAME HWY. 19 NORTH	
STREET ADDRESS CHIEFLAND, FL	
CITY-ST-ZIP	
TITLE D	SCOTT, LEROY
NAME HWY. 19 NORTH	
STREET ADDRESS CHIEFLAND, FL	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/07-80059-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Robert L. Scott President* 1-23-07 (352) 493-7083
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #