2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# 740046

Entity Name: TRUE CHURCH OF GOD, INC.

Current Principal Place of Business:

511 DOCTORS DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

511 DOCTORS DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-1781891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUMAS, CATHERINE
511 DOCTORS DRIVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: DUMAS, RUDOLPH,
Address: 525 DOCTORS DR
City-St-Zip: OVIEDO, FL

Title: DT ( ) Delete
Name: DUMAS, ROBIN,
Address: 1150 JACKSON STREET
City-St-Zip: OVIEDO, FL

Title: D ( ) Delete
Name: DUMAD, GAIL,
Address: LONGPINE
City-St-Zip: OVIEDO, FLL 00000,

Title: DP ( ) Delete
Name: DUMAS, CATHERINE,
Address: 511 DOCTORS DRIVE
City-St-Zip: OVIEDO, FL

Title: DS ( ) Delete
Name: ALEXANDER, CHRISTA
Address: 100 PINEVIEW DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTA ALEXANDER DS 01/22/2008

Electronic Signature of Signing Officer or Director — Date