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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 771018 (9)

1. Corporation Name

TRUE TABERNACLE OF GOD INC.



Principal Place of Business

Mailing Address

2573 NW 21ST ST  
FT. LAUDERDALE FL 33311-34142573 NW 21ST ST  
FT. LAUDERDALE FL 33311-34143. Date Incorporated or Qualified  
11/01/19833a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

05-0283500

Applied For

Not Applicable

22

27

City &amp; State

City &amp; State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

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

24

25

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8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARY, BISHOP MELVIN  
2204 NW 20TH ST.  
FT. LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GARY, MELVIN U. (BISHOP)  
STREET ADDRESS 2204 NW 20TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME HANDBERRY, HENRY  
STREET ADDRESS 4700 NW 16TH CT.  
CITY-ST-ZIP LAUDERHILL FL 333132.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BELL, ROBERT  
STREET ADDRESS 2677 NW 24TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE CD ☐ DELETE  
NAME YOUNG, WALTER KARL(DEAC.  
STREET ADDRESS 924 NW 14TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME BELL, FRANCES  
STREET ADDRESS 2677 NW 24TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME GARY, EVELYN H.  
STREET ADDRESS 2204 NW 20TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6034631

CR2E037 (9/96)