


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 2573 NW 21ST ST FT. LAUDERDALE FL 33311-3414			Mailing Address 2573 NW 21ST ST FT. LAUDERDALE FL 33311-3414		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 11/01/1983 4. FEI Number 05-0283500	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GARY, BISHOP MELVIN 2204 NW 20TH ST. FT. LAUDERDALE FL 33311			10. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GARY, MELVIN U. (BISHOP)				
STREET ADDRESS	2204 NW 20TH ST.				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HANDBERRY, HENRY				
STREET ADDRESS	4700 NW 16TH CT.				
CITY-ST-ZIP	LAUDERHILL FL 33313				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BELL, ROBERT				
STREET ADDRESS	2677 NW 24TH ST.				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	YOUNG, WALTER KARL (DEAC.)				
STREET ADDRESS	924 NW 14TH CT.				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BELL, FRANCES				
STREET ADDRESS	2677 NW 24TH ST.				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GARY, EVELYN H.				
STREET ADDRESS	2204 NW 20TH ST.				
CITY-ST-ZIP	FT. LAUDERDALE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. 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 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: <i>Bishop Melvin U. Gary</i> BISHOP MELVIN U. GARY					

CR2E037 (10/97)