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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771018

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		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0283500	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81	Name
GARY, BISHOP MELVIN 2204 NW 20TH ST. FT. LAUDERDALE FL 33311				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	1.1 TITLE	
NAME	GARY, MELVIN U. (BISHOP)	1.2 NAME	
STREET ADDRESS	2204 NW 20TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HANDBERRY, HENRY	2.2 NAME	
STREET ADDRESS	4700 NW 16TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BELL, ROBERT	3.2 NAME	
STREET ADDRESS	2677 NW 24TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	YOUNG, WALTER KARL (DEAC.	4.2 NAME	
STREET ADDRESS	924 NW 14TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	BELL, FRANCES	5.2 NAME	
STREET ADDRESS	2677 NW 24TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GARY, EVELYN H.	6.2 NAME	
STREET ADDRESS	2204 NW 20TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Bishop Melvin Gary
BISHOP MELVIN GARY 1-8-98 733-6279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)