


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90063 018 ****70.00

DOCUMENT # 771018 1. Entity Name TRUE TABERNACLE OF GOD INC.			
Principal Place of Business 2520 NE 8 COURT FORT LAUDERDALE FL 33311		Mailing Address 2520 NE 8 COURT FORT LAUDERDALE FL 33311	
2. Principal Place of Business 2520 NW 8 COURT Suite, Apt. #, etc.		3. Mailing Address 2520 NW 8 COURT Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL Zip 33311 Country BROWARD		City & State FORT LAUDERDALE, FL Zip 33311 Country BROWARD	
4. FEI Number 05-0283500		<input checked="" type="checkbox"/> 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 GARY, BISHOP MELVIN 2204 NW 20TH ST. FT. LAUDERDALE FL 33311		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY, MELVIN U. (BISHOP) 2204 NW 20TH ST. FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MOORE 1601 NW 10TH AVENUE FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ROBERT 2677 NW 24TH ST. FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LOWE, BEATRICE 924 NW 14TH CT. FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, FRANCES 2677 NW 24TH ST. FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, EVELYN H. 2204 NW 20TH ST. FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

Bishop Melvin Gary Bishop MELVIN Gary 8/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #