

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 771018

1. Entity Name

TRUE TABERNACLE OF GOD INC.



Principal Place of Business

Mailing Address

2520 NW 8 COURT
FORT LAUDERDALE FL 33311

2520 NW 8 COURT
FORT LAUDERDALE FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

05-0283500

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PD	GARY, MELVIN U. (BISHOP)	2204 NW 20TH ST.	FT. LAUDERDALE FL	<input type="checkbox"/>

D	LEWIS, MOORE	1601 NW 10TH AVENUE	FORT LAUDERDALE FL 33311	<input type="checkbox"/>
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D	BELL, ROBERT	2677 NW 24TH ST.	FT. LAUDERDALE FL	<input type="checkbox"/>
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CD	LOWE, BEATRICE	924 NW 14TH CT.	FT. LAUDERDALE FL	<input type="checkbox"/>
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SD	BELL, FRANCES	2677 NW 24TH ST.	FT. LAUDERDALE FL	<input type="checkbox"/>
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D	GARY, EVELYN H.	2204 NW 20TH ST.	FT. LAUDERDALE FL	<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		000000634288	02/22/07-80003-012 70.00	<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 U. Gary

2/1/07