

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003592

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: TRUEWAY BIBLICAL HOUSE OF GOD, INC.

**Current Principal Place of Business:**

417 N. MASSACHUSETTS AVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

417 N. MASSACHUSETTS AVE  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 59-3749843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, BERNICE W  
Address: 454 WABASH AVENUE  
City-St-Zip: LAKELAND, FL 33809

Title: VSTD ( ) Delete  
Name: MALLOY, PHYLLIS W  
Address: 454 WABASH AVENUE  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: MALLOY, BENNY G JR  
Address: 454 WABASH AVENUE  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: GOODLEY, WILLIE  
Address: 454 WABASH AVENUE  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: GOODLEY, EVON  
Address: 454 WABASH AVENUE  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BROWN, BERNICE W  
Address: 417 N. MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: VSTD (X) Change ( ) Addition  
Name: MALLOY, PHYLLIS W  
Address: 417 N. MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: MALLOY, BENNY G JR  
Address: 417 N. MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: GOODLEY, WILLIE  
Address: 417 N. MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: GOODLEY, EVON  
Address: 417 N. MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS W. MALLOY

VSTD

04/23/2004

Electronic Signature of Signing Officer or Director

Date