



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90021 001 \*\*\*\*75.00

<b>DOCUMENT # N02000000035</b> 1. Entity Name TRUE GOSPEL ASSEMBLY OF CHRIST, INC.					
Principal Place of Business 5216 MAYO STREET HOLLYWOOD, FL 33021			Mailing Address 5216 MAYO STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business <i>5216 Mayo St.</i> Suite, Apt. #, etc.		3. Mailing Address <i>257 N.W. 13 COURT</i> Suite, Apt. #, etc. <i>Dania Beach Fla.</i>			
City & State <i>Hollywood Fla.</i> Zip <i>33021</i> Country <i>Broward</i>		City & State <i>Dania Beach</i> Zip <i>33004</i> Country <i>Broward</i>		03192004 Chg-NP CR2E037 (10/03)	
4. FEI Number 80-0024156				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESOR, SJARRPM K 175 NE 175 ST N MIAMI BCH, FL 33162 <i>Chang</i>			7. Name and Address of New Registered Agent Name <i>ESPY L. ROLLINS</i> Street Address (P.O. Box Number is Not Acceptable) <i>257 N.W. 13 COURT</i> City <i>Dania Beach</i> FL Zip Code <i>33004</i>		
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 <i>EsPY L. Rollins</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			DATE <i>3/29/2004</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		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 ROLLINS, ESPY 257 NW 13 CT DANIA BCH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESIR, ST. JULIEN 257 NW 13 CT DANIA BCH, FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR L. WILLIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 SW 6 ALE DANIA FLA APT. #9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESIR, SHARRON 257 NW 13 CT DANIA BCH, FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janice M. Stroman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5313 S. W. 20 Street Hollywood FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, WILLIE MAE 5216 MAYO STREET HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruthie M. Rollins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 257 N.W. 13 COURT DANIA BEACH FLA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>EsPY L. Rollins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>3/29/2004</i> <small>Daytime Phone #</small>		

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954-925-4735