

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

DOCUMENT # N02000009454

1. Entity Name

TRUE GOSPEL OF FAITH, INC.



FILED
Mar 09, 2005 08:00 AM
Secretary of State

Principal Place of Business

8652 N.W. 22 AVE
MIAMI FL 33147

Mailing Address

ELLA WASHINGTON
17710 MYRTLE LAKE DRIVE
OPA-LOCKA FL 33056-4063



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3672715

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WASHINGTON, ELLA
1901 N.W. 83RD STREET
MIAMI FL 33147

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, 2005

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	DP	<input type="checkbox"/> Delete
NAME	WASHINGTON, ELLA	
STREET ADDRESS	1901 N.W. 83RD STREET	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOSLEY, WILLIAM	
STREET ADDRESS	2788 N.W. 55TH STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WASHINGTON, SR., RONALD	
STREET ADDRESS	1901 N.W. 83RD STREET	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENNIE, SHERYL	
STREET ADDRESS	14551 N.W. 13TH COURT	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000257184
03/09/05-80042-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *ELLA R. WASHINGTON* ELLA R. WASHINGTON 3/10/05 305-6246423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #