

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90008 003 ****61.25

DOCUMENT # N02000009454

1. Entity Name

TRUE GOSPEL OF FAITH, INC.



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



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 (10/07)

4. FEI Number

11-3672715

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

WASHINGTON, ELLA
17710 MYRTLE LAKE DR.
MIAMI GARDEN FL 33056

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 with title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME WASHINGTON, ELLA
STREET ADDRESS 1901 N.W. 83RD STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE ☒ Change ☐ Addition
NAME 17710 MYRTLE LAKE DR
STREET ADDRESS MIAMI GARDEN FL 33056
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME MOSLEY, WILLIAM
STREET ADDRESS 2788 N.W. 55TH STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WASHINGTON, SR., RONALD
STREET ADDRESS 1901 N.W. 83RD STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE ☒ Change ☐ Addition
NAME 17710 MYRTLE LAKE DR
STREET ADDRESS MIAMI GARDEN FL 33056
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BENNIE, SHERYL
STREET ADDRESS 14551 N.W. 13TH COURT
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ells Washington*

3-10-08