2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N02000009454

Entity Name: TRUE GOSPEL OF FAITH, INC.

Current Principal Place of Business:

8652 N.W. 22 AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

ELLA WASHINGTON
17710 MYRTLE LAKE DRIVE
OPA-LOCKA, FL 330564063

New Mailing Address:

FEI Number: 11-3672715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASHINGTON, ELLA
17710 MYRTLE LAKE DR.
MIAMI GARDEN, FL 33056 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:	DP	( ) Delete
Name:	WASHINGTON, ELLA	
Address:	17710 MYRTLE LAKE DR.	
City-St-Zip:	OPA LOCKA, FL 33056	
Title:	VPD	( ) Delete
Name:	MOSLEY, WILLIAM	
Address:	2788 N.W. 55TH STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	SD	( ) Delete
Name:	WASHINGTON, SR., RONALD	
Address:	177710 MYRTLE LAKE DR.	
City-St-Zip:	OPA LOCKA, FL 33056	
Title:	TD	( ) Delete
Name:	BENNIE, SHERYL	
Address:	14551 N.W. 13TH COURT	
City-St-Zip:	MIAMI, FL 33169	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELLA WASHINGTON DP 01/28/2009

Electronic Signature of Signing Officer or Director — Date