2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with an other like empowered.

Carl A: M there's empowered.

CAROL S MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 03, 2004 8:00 am **Secretary of State** DOCUMENT # N03000002715 1. Entity Name 03-03-2004 90006 042 ****70.00 THE TRUE ROCK PENTECOSTAL CHURCH, **INCORPORATED** Mailing Address Principal Place of Business 2220 NW 28TH ST FT LAUDERDALE FL 33311 2220 NW 28TH ST FT LAUDERDALE FL 33311 **生きがあること** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number ✗ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, JERALDINE M Street Address (P.O. Box Number is Not Acceptable) 2220 NW 28TH ST FT LAUDERDALE FL 33311 City Zio 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. FIRALDINE M WILSON FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Change Addition TITLE TITLE WILSON, JERALDINE NAME NAME 2220 NW 28TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MITCHELL, CAROL SELINA NAME NAME 2220 NW 28TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE WASHINGTON, NORRIS NAME NAÑE 2220 NW 28TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition Delete TITLE TITLE MITCHELL, JAMES LEON NAME NAME 2220 NW 28TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . . Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

2-5-04

Date