

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000008709

1. Entity Name
**TRUE WORSHIP CHURCH OF GOD IN CHRIST,
INCORPORATED**



Principal Place of Business
**13704 NW 150 PLACE
ALACHUA, FL 32616**

Mailing Address
**PO BOX 777
ALACHUA, FL 32616**



02182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELCH, WALTER L ELDER
13100 NW 151ST PL
ALACHUA, FL 32616**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WELCH, WALTER L
STREET ADDRESS	PO BOX 1281
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	T
NAME	PERRY, ERNESTINE
STREET ADDRESS	PO BOX 664
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	T
NAME	WELCH, ANNIE M
STREET ADDRESS	PO BOX 1281
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000281804
03/31/05-80018-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 462-4375
(352) 485-1965