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

05-06-2004 90187 011 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66426815

MOORE CR2E037 (11/03)

DOCUMENT # N03000008749

1. Entity Name

TRUE BLOOD CHURCH OF GOD IN CHRIST INC.

Principal Place of Business	Mailing Address
5218 JERSEY AVE SOUTH GULFPORT FL 33707	5218 JERSEY AVE SOUTH GULFPORT FL 33707

2. Principal Place of Business	3. Mailing Address
5218 Jersey Ave So	5218 Jersey Ave So
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulfport Fl 33707	City & State: Gulfport Fl 33707
Zip: 33707 Country: Pinellas	Zip: 33707 Country: Pinellas

4. FEI Number 56-2466162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, LILLIE
5218 JERSEY AVE SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	Pastor Lillie Daniels 5218 Jersey Ave So st pete Fl 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Jericho Reed 5218 Jersey Ave so St pete Fl 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lillie Daniels Lillie Daniels 727-323-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #