

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009946

FILED
Apr 29, 2005
Secretary of State

Entity Name: TRUE WORSHIP ASSEMBLY OF GOD, INC

Current Principal Place of Business:

13774 HWY 87 N
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 213
JAY, FL 32565 US

New Mailing Address:

FEI Number: 20-1809597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, WILSON A JR.
3276 DELOACH LN.
MILTON, FL 32570 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: DIR () Delete
Name: WALTHER, LUKE
Address: 11361 HWY. 87 N
City-St-Zip: MILTON, FL 32570

Title: DIR () Delete
Name: SCURLOCK, CHARLES
Address: 2651 JAY RD.
City-St-Zip: BREWTON, AL 36426

Title: DIR () Delete
Name: WATSON, JOHNNY
Address: 5139 LUMAN SHELL RD.
City-St-Zip: JAY, FL 32565

Title: DIR () Delete
Name: TOMPKINS, WILSON A JR.
Address: 3276 DELAOCH LN
City-St-Zip: MILTON, FL 32570

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change () Addition
Name: WALTHER, LUKE
Address: 11361 HWY. 87 N
City-St-Zip: MILTON, FL 32570

Title: OFFI (X) Change () Addition
Name: CALHOUN, PHIL
Address: 6237 PEPPERMINT LANE
City-St-Zip: JAY, FL 32565

Title: OFFI (X) Change () Addition
Name: WATSON, JOHNNY
Address: 5139 LUMAN SHELL RD.
City-St-Zip: JAY, FL 32565

Title: OFFI (X) Change () Addition
Name: TOMPKINS, WILSON A JR.
Address: 3276 DELAOCH LN
City-St-Zip: MILTON, FL 32570

Title: OFFI () Change (X) Addition
Name: WOLFE, JEFFREY
Address: 4466 MT CARMEL RD.
City-St-Zip: JAY, FL 32565

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILSON A. TOMPKINS JR.

OFFI

04/29/2005

Electronic Signature of Signing Officer or Director

Date