


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000009946</b> 1. Entity Name TRUE WORSHIP ASSEMBLY OF GOD, INC	
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Principal Place of Business 13774 HWY 87 N JAY, FL 32565	Mailing Address P.O. BOX 213 JAY, FL 32565 US
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01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
20-1809597

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  TOMPKINS, WILSON A JR. 3276 DELOACH LN. MILTON, FL 32570
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11000007384508  
01/17/06-80016-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI WALTHER, LUKE 11361 HWY. 87 N MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI CALHOUN, PHIL 6237 PEPPERMINT LANE JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI WATSON, JOHNNY 5139 LUMAN SHELL RD. JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI TOMPKINS, WILSON A JR. 3276 DELAOCH LN MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI WOLFE, JEFFREY 4466 MT CARMEL RD. JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Wilson A. Tompkins Jr. 1/8/05 860-981-7012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #