


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90369 013 ****70.00

DOCUMENT # N04000009946	
1. Entity Name TRUE WORSHIP ASSEMBLY OF GOD, INC	

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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40034214



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1809597		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOMPKINS, WILSON A JR. 3276 DELOACH LN. MILTON, FL 32570		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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	OFFI <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTHER, LUKE	NAME	
STREET ADDRESS	11361 HWY. 87 N	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	
TITLE	OFFI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, PHIL	NAME	
STREET ADDRESS	6237 PEPPERMINT LANE	STREET ADDRESS	
CITY-ST-ZIP	JAY, FL 32565	CITY-ST-ZIP	
TITLE	OFFI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JOHNNY	NAME	
STREET ADDRESS	5139 LUMAN SHELL RD.	STREET ADDRESS	
CITY-ST-ZIP	JAY, FL 32565	CITY-ST-ZIP	
TITLE	OFFI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, WILSON A JR.	NAME	
STREET ADDRESS	3276 DELAACH LN	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	
TITLE	OFFI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, JEFFREY	NAME	
STREET ADDRESS	4466 MT CARMEL RD.	STREET ADDRESS	
CITY-ST-ZIP	JAY, FL 32565	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: W. A. Tompkins **3/7/07** **850.981.7012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #