

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

DOCUMENT # N06000002718

1. Entity Name

CHURCH OF GOD HOUSE OF TRUTH, INC.



02-06-2007 90011 018 ****61.25
05-11-2007 90032 011 *****8.75

Principal Place of Business

1130 N.W. 19TH ST.
FT. LAUDERDALE FL 33311

Mailing Address

1130 N.W. 19TH ST.
FT. LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

01-0741-784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, TONY
1130 N.W. 19TH ST.
FT. LAUDERDALE FL 33311

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD
NAME WEAVER, TONY
STREET ADDRESS 1130 N.W. 19TH ST.
CITY-STATE-ZIP FT. LAUDERDALE FL 33311

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD
NAME LOWREY, CHARLES
STREET ADDRESS 500 SW 28TH TER.
CITY-STATE-ZIP FT. LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE TD
NAME PLUMMER, ROSALYN
STREET ADDRESS 817 N.W. 46TH AVE.
CITY-STATE-ZIP PLANTATION FL

TITLE TD
NAME Plummer Rosalyn
STREET ADDRESS 7001 NW 16 ST A121
CITY-STATE-ZIP Plantation FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Roslyn Plummer TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07

954-763-4321

Date

Daytime Phone