

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10951 (4)

1. Corporation Name

TRUTH CHURCH FAMILY WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

140 N.E. 1ST AVE.
~~PO BOX 829~~
HIGH SPRINGS FL 32643

611 EVERETT ST.
~~PO BOX 829~~
DELTONA FL 32725
US

3. Date Incorporated or Qualified

08/21/1985

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2850738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **140 N.E. 1st Ave**

26 **611 Everett St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **High Springs FL**

28 **Deltona FL**

24 Zip

25 Country

29 Zip

30 Country

32643

USA

32725

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUGH, W WAYNE
611 EVERETT ST
DELTONA FL 32725**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PUGH, W WAYNE**
STREET ADDRESS **611 EVERETT ST**
CITY - ST - ZIP **DELTONA FL**

1.1 TITLE

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **PUGH, MARIE L**
STREET ADDRESS **611 EVERETT ST**
CITY - ST - ZIP **DELTONA FL**

1.2 NAME

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **MCCLURE, P TIMOTHY**
STREET ADDRESS **1339 SUNWOOD DR**
CITY - ST - ZIP **MELBOURNE FL**

2.1 TITLE

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **YOUNCE, RUBY**
STREET ADDRESS **611 EVERETT**
CITY - ST - ZIP **DELAND FL**

2.2 NAME

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marie L. Pugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

(904) 532-2861

Date

Daytime Phone #

CR2E037 (12/95)