


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N30180 1. Entity Name TRUTH TABERNACLE OF GOD, INC.	
--	---

Principal Place of Business 2881 N.W. 13 ST. POMPAÑO BEACH, FL 33069	Mailing Address NEW P.O. P.O. BOX 667015 POMPAÑO BEACH, FL 33066-7015
--	--

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0147687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DOZIER, LEKETIA BARNER, ESQUIRE 1164 CORAL CLUB DR CORAL SPRINGS, FL 33071	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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000182064 01/19/05-80012-023 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, JOHNNY 2881 NW 13TH STREET POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, LEONARDA 2581 NW 12TH STREET POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCHENRY, QUEEN O 2581 NW 12TH STREET POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, VELEMINA 150 NE 6TH ST DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(l), 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: *Queen O McHenry* Jan. 14, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #