

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38228

(5)

1. Corporation Name

CHURCH OF TRUE WORSHIP, INC.

Principal Place of Business

Mailing Address

**C/O ROY L. CAMPBELL
3397 JANET ST.
APOPKA FL 32712**

**C/O ROY L. CAMPBELL
3397 JANET ST.
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1990

3a. Date of Last Report

07/06/1994

4. FEI Number

59-3015482

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75

Supplemental

Fee Not Required

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, ROY L.
3397 JANET STREET
APOPKA FL 32712**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
CAMPBELL, ROY L.
3397 JANET ST.
APOPKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DST
CAMPBELL, BENNYE
3397 JANET ST.
APOPKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MCMILLER, LAVONNE
1004 RANDALL ST.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
JENKINS, FLOSSIE M.
1038 RANDALL ST.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
FAHIC, JAMES A.
3409 JANET ST.
APOPKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROY L. CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Name)