FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44001** **(8)**

1. Corporation Name
TRUE FOUNDATION MINISTRIES, INC.

Principal Place of Business	Mailing Address
849 BAYLANE CRESCENT CITY FL 32112 US	206 YALE DRIVE SANFORD FL 32771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1991
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-3129205 ☐ 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. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 Post Office Box 781
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Crescent City, Florida
Zip 24 / Country 25	Zip 29 32112 / Country 30 USA

9. Name and Address of Current Registered Agent

GEORGE, GWENDOLYN FISHER
206 YALE DRIVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GEORGE, GWENDOLYN FISHER	12 NAME	
STREET ADDRESS	206 YALE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	GEORGE, RAYMOND JAMES	22 NAME	
STREET ADDRESS	206 YALE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	WHYTE, TERI	32 NAME	COOK, DARLENE
STREET ADDRESS	725 RYAN COURT	33 STREET ADDRESS	Post Office Box 344 "N/A"
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	Crescent City, Florida 32112
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	JOSEPH, BERNARD	42 NAME	CROWDER, ERNEST
STREET ADDRESS	833 VALENCIA STREET	43 STREET ADDRESS	Post Office Box 371 "N/A"
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP	Seville, Florida 32190
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MURPHY, VIVIAN	52 NAME	
STREET ADDRESS	644 GLEN HAVEN AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gwendolyn F. George Gwendolyn F. George 4/25/95 (407) 323-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032107