


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N44001** (8)

1. Corporation Name
TRUE FOUNDATION MINISTRIES, INC.



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| Principal Place of Business 849 BAYLANE CRESCENT CITY FL 32112 US | Mailing Address POST OFFICE BOX 781 CRESCENT CITY FL 32112-0781 US |
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|---|----------------------|----------------------------------|----------------------|---|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 06/19/1991 | 3a. Date of Last Report 02/02/1996 |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3128205 | Applied For <input type="checkbox"/> Not Applicable |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|-----------------------|
| 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 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 _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, GWENDOLYN FISHER | 1.2 NAME | |
| STREET ADDRESS | 206 YALE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 1.4 CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, RAYMOND JAMES | 2.2 NAME | |
| STREET ADDRESS | 206 YALE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOK, DARLENE | 3.2 NAME | |
| STREET ADDRESS | P.O. BOX 344 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESCENT CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROWDER, ERNEST | 4.2 NAME | |
| STREET ADDRESS | P.O. BOX 371 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, VIVIAN | 5.2 NAME | |
| STREET ADDRESS | 644 GLEN HAVEN AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PIERSON FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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** 5-1-91 (407) 320-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0001838

CR2E037 (9/96)