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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.

Principal Place of Business

**849 BAYLANE
CRESCENT CITY FL 32112
US**

Mailing Address

**POST OFFICE BOX 781
CRESCENT CITY FL 32112
US**

3. Date Incorporated or Qualified

06/19/1991

4. FEI Number

59-3129205

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE, GWENDOLYN FISHER
206 YALE DRIVE
SANFORD FL 32771**

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	1.1 TITLE	D
NAME	GEORGE, GWENDOLYN FISHER	1.2 NAME	Williams, Samuel
STREET ADDRESS	206 YALE DRIVE	1.3 STREET ADDRESS	730 Grove Avenue
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Crescent City, FL 32112
TITLE	VTD	2.1 TITLE	D
NAME	GEORGE, RAYMOND JAMES	2.2 NAME	Williams, Emmer
STREET ADDRESS	206 YALE DRIVE	2.3 STREET ADDRESS	730 Grove Avenue
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Crescent City, FL 32112
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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** 1-13-98 323-0555

CR2E037 (10/97)