FILE NOW: FILING FEE IS $61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90114 018 ****61.25

0001757

DOCUMENT # N44001

1. Corporation Name

TRUE FOUNDATION MINISTRIES, INC.

Principal Place of Business	Mailing Address
849 BAYLANE CRESCENT CITY FL 32112 US	POST OFFICE BOX 781 CRESCENT CITY FL 32112 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 608 Randolph Street	26	06/19/1991

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		Applied For
22	27	59-3129205		Not Applicable

City & State	City & State	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23 Crescent City, Fl.	28		

Zip 24 32112	Country 25 USA	Zip 28	Country 30	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees

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 NAME GEORGE, GWENDOLYN FISHER STREET ADDRESS 206 YALE DRIVE CITY-ST-ZIP SANFORD FL	☐ DELETE	1.1 TITLE D 1.2 NAME Emmer Williams 1.3 STREET ADDRESS 730 Grove Avenue 1.4 CITY-ST-ZIP Crescent City, Fl. 32112	☐ Change ☒ Addition
TITLE VTD NAME GEORGE, RAYMOND JAMES STREET ADDRESS 206 YALE DRIVE CITY-ST-ZIP SANFORD FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME COOK, DARLENE STREET ADDRESS P.O. BOX 344 N/A CITY-ST-ZIP CRESCENT CITY FL	☒ DELETE	3.1 TITLE D 3.2 NAME Charles Crooms 3.3 STREET ADDRESS 510 Grand Rondo 3.4 CITY-ST-ZIP Crescent City, Fl. 32112	☐ Change ☒ Addition
TITLE D NAME CROWDER, ERNEST STREET ADDRESS P.O. BOX 371 N/A CITY-ST-ZIP SEVILLE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME MURPHY, VIVIAN STREET ADDRESS 644 GLEN HAVEN AVENUE CITY-ST-ZIP PIERSON FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME WILLIAMS, SAMUEL STREET ADDRESS 730 GROVE AVE CITY-ST-ZIP CRESCENT CITY FL 32112	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _Gwendolyn F. George_   Gwendolyn F. George   3-30-99   (407) 323-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037-(11/98)