

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44001

1. Entity Name

TRUE FOUNDATION MINISTRIES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90309 020 ****70.00

Principal Place of Business

608 RANDOLPH STREET
CRESCENT CITY FL 32112
US

Mailing Address

POST OFFICE BOX 781
CRESCENT CITY FL 32112-0781
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3129205**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE, GWENDOLYN FISHER
206 YALE DRIVE
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GEORGE, GWENDOLYN FISHER**
STREET ADDRESS **206 YALE DRIVE**
CITY-ST-ZIP **SANFORD FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **GEORGE, RAYMOND JAMES**
STREET ADDRESS **206 YALE DRIVE**
CITY-ST-ZIP **SANFORD FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WILLIAMS, ENNER**
STREET ADDRESS **730 GROVE AVENUE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CROWDER, ERNEST**
STREET ADDRESS **P.O. BOX 371 N/A**
CITY-ST-ZIP **SEVILLE FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MURPHY, VIVIAN**
STREET ADDRESS **644 GLEN HAVEN AVENUE**
CITY-ST-ZIP **PIERSON FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WILLIAMS, SAMUEL**
STREET ADDRESS **730 GROVE AVE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwendolyn Fisher George Gwendolyn Fisher George 4/28/00 323-0555
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N44001

C0090760

BLOCK 10.

OFFICERS AND DIRECTORS

Title	D
Name	Starling, Joseph
Street Address	1049 Chatham Pines Circle
City-St-Zip	Winter Springs, Fl

Title	D
Name	Scott, Teri Whyte
Street Address	117 Leah Drive
City-St-Zip	Clayton, NC 27520

Title	S/D
Name	Harris, Alma
Street Address	1018 Fullwood Avenue
City-St-Zip	Crescent City, Fl 32112

Title	D
Name	Crowder, Annie
Street Address	P.O. Box 371 N/A
City-St-Zip	Seville, Fl 32190