

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44001

1. Entity Name

TRUE FOUNDATION MINISTRIES, INC.

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90146 013 \*\*\*\*61.25

Principal Place of Business

608 RANDOLPH STREET  
 CRESCENT CITY FL 32112  
 US

Mailing Address

POST OFFICE BOX 781  
 CRESCENT CITY FL 32112  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3129205

Applied For

Not Applicable

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

TITLE VT.D  
 NAME George, Raymond J. ☐ Change ☒ Addition  
 STREET ADDRESS 206 Yale Drive  
 CITY-ST-ZIP Sanford, FL 32771

TITLE D  
 NAME CROWDER, APRIL ☒ Delete  
 STREET ADDRESS 244 OHIO ST  
 CITY-ST-ZIP PIERSON FL 32180

TITLE D  
 NAME Starling, Julia ☐ Change ☒ Addition  
 STREET ADDRESS 14104 Stonebrook Drive  
 CITY-ST-ZIP Sanford, FL 32771

TITLE SD  
 NAME HARRIS, ALMA ☐ Delete  
 STREET ADDRESS 1018 FULLWOOD AV  
 CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE D  
 NAME Scott, Richard J. ☐ Change ☒ Addition  
 STREET ADDRESS 117 Leah Drive  
 CITY-ST-ZIP Clayton, NC 27520

TITLE D  
 NAME CROOMS, CHARLES ☐ Delete  
 STREET ADDRESS 506 GRAND RONDO  
 CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE D  
 NAME Williams, Toni ☐ Change ☒ Addition  
 STREET ADDRESS 1010 Fullwood Avenue  
 CITY-ST-ZIP Crescent City, FL 32112

TITLE MD  
 NAME SCOTT, TERI ☐ Delete  
 STREET ADDRESS 117 LEAH DR  
 CITY-ST-ZIP CLAYTON NC 27520

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

TITLE D  
 NAME WILLIAMS, SAMUEL ☒ Delete  
 STREET ADDRESS 117 LEAH DR  
 CITY-ST-ZIP CLAYTON NC 27520

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

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 F. George Gwendolyn F. George 4/26/02 407 323-0555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)