

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44001

FILED
Apr 20, 2004
Secretary of State

Entity Name: TRUE FOUNDATION MINISTRIES, INC.

Current Principal Place of Business:

608 RANDOLPH STREET
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 781
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-3129205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEORGE, GWENDOLYN FI, SHER
Address: 206 YALE DRIVE
City-St-Zip: SANFORD, FL

Title: VTD () Delete
Name: GEORGE, RAYMOND J
Address: 203 YALE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: HARRIS, ALMA
Address: 1018 FULLWOOD AV
City-St-Zip: CRESCENT CITY, FL 32112

Title: MD () Delete
Name: SCOTT, TERI
Address: 117 LEAH DR
City-St-Zip: CLAYTON, NC 27520

Title: D () Delete
Name: SCOTT, RICHARD J
Address: 117 LEAH DR
City-St-Zip: CLAYTON, NC 27520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GEORGE, GWENDOLYN F
Address: 206 YALE DRIVE
City-St-Zip: SANFORD, FL

Title: VTD (X) Change () Addition
Name: GEORGE, RAYMOND J
Address: 206 YALE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN F. GEORGE

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04/20/2004

Electronic Signature of Signing Officer or Director

Date