

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44001

FILED
May 01, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GEORGE, GWENDOLYN F PRESIDE
1499 ROBINWOOD DRIVE
DELAND, FL 32720 US

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 F
Address: 1499 ROBINWOOD DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: VTD () Delete
Name: GEORGE, RAYMOND J
Address: 1499 ROBINWOOD DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: SD () Delete
Name: CROWDER, BARBARA
Address: 115 MIMS LANE
City-St-Zip: CRESCENT CITY, FL 32112 US

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

Title: D () Delete
Name: HARRIS, TRACY
Address: 3100 TELFORD LANE
City-St-Zip: DELTONA, FL 32738 US

Title: D () Delete
Name: MURPHY, MILTON
Address: 644 GLENHAVEN AVENUE
City-St-Zip: PIERSON, FL 32180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: HARRIS, ALMA J
Address: 1018 FULLWOOD AVENUE
City-St-Zip: CRESCENT CITY, FL 32112 US

Title: D (X) Change () Addition
Name: DOBSON, ESTHER
Address: 115 DUNCAN PLACE
City-St-Zip: CRESCENT CITY, FL 32112 US

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 exemption stated in Chapter 119, 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

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date