

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90162 013 ****70.00

DOCUMENT # N44938

1. Entity Name

TRUE HOPE PENTACOSTAL CHURCH, INC.



Principal Place of Business

1621 SEABOARD STREET
FT MYERS FL 33916

Mailing Address

1621 SEABOARD STREET
FT MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0278482

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

SMITH, REUBEN REV
1621 SEABOARD STREET
FT MYERS FL 33916

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME SMITH, REUBEN REV
STREET ADDRESS 3864 COCONUT CIR S
CITY-ST-ZIP NAPLES FL 34104

TITLE **V** ☐ Delete
NAME SMITH, JANNIE D
STREET ADDRESS 3864 COCONUT CIR S
CITY-ST-ZIP NAPLES FL 34104

TITLE **D** ☐ Delete
NAME HALLOWAY, CELESTINE
STREET ADDRESS 1664 MOHAWK ST
CITY-ST-ZIP FT MYERS FL 33905

TITLE **D** ☐ Delete
NAME COMMADORE, CLARA
STREET ADDRESS 571 14TH ST N
CITY-ST-ZIP NAPLES FL 34102

TITLE **D** ☐ Delete
NAME RODRIQUEZ, GENEVA
STREET ADDRESS 1308 BROOKHILL ST
CITY-ST-ZIP FT. MYERS FL 33905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

Rev. Reuben Smith *Rev Reuben Smith*

4-30-04

239-226-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #