

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48410

FILED
Feb 29, 2008
Secretary of State

Entity Name: TRUE FAITH CHURCH OF GOD INC.

Current Principal Place of Business:

532 46TH STREET
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

532 46TH STREET
WEST PALM BEACH, FL 33407 US

New Mailing Address:

532 46TH STREET
WEST PALM BEACH, FL 334072934 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, DORIS
532 46TH STREET
WEST PALM BEACH, FL 334075017 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: WRIGHT, DORIS
Address: 532 46TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: DVP () Delete
Name: KERR, DONNA
Address: 831 HAWTHORNE DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: REUBEN, LENIUS
Address: 945 44TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: WRIGHT, SYRENA
Address: 710 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: TAYLOR, HARTLEY
Address: 400 47TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: POOLE, JULENE K
Address: 3009 SOUTH TERRACE DRIVE
City-St-Zip: WEST PALM BEACH, FL 334075017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HINDS, LIONEL
Address: 532 46TH STREET
City-St-Zip: WEST PALM BEACH, FL 334072934

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 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: DORIS WRIGHT

MRS.

02/29/2008

Electronic Signature of Signing Officer or Director

Date