

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90080 024 \*\*\*\*61.25

DOCUMENT # **N48410**

1. Entity Name

**TRUE FAITH CHURCH OF GOD INC.**



Principal Place of Business  
**532 46TH STREET  
WEST PALM BEACH FL 33407  
US**

Mailing Address  
**532 46TH STREET  
WEST PALM BEACH FL 33407  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**532 46th Street**  
Suite, Apt. #, etc.

3. Mailing Address **532 46th Street**  
Suite, Apt. #, etc.

City & State  
**West Palm Beach**  
Zip **33407** Country **Palm Beach**

City & State  
**West Palm Beach Florida**  
Zip **33407** Country **Palm Beach**

4. FEI Number **65-0262353**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASIL ALLEN  
380 CROSSPOINT DRIVE  
PORT ST LUCIE FL 34893**

**DORIS WRIGHT Pastor  
511 47th St W.P.B.  
Florida 33407**

7. Name and Address of New Registered Agent

Name **Delores DAVIS DENNARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**612 47 Street**  
City **West Palm Beach** FL Zip Code **33407**

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 **DORIS WRIGHT Pastor** **Doris Wright** **2-25-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WRIGHT, DORIS 511 47 STREET WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WRIGHT, JUSTIN 511 47TH ST. WEST PALM BCH FL 33407</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, JOYCE 413 42ND STREET WEST PALM BEACH FL 33407</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AP ALLEN, BASIL 380 CROSSPOINT ROAD PORT ST LUCIE FL 34893</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M JOHNSON, JAMES H 122 W 27 ST RIVIERA BEACH FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>E KERR, DORIS 831 HAWTHORNE DRIVE LAKE PARK FL 33403</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Abel R. JEANNITE 4792 23rd Place North W.P.B. FL 33417</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Assk. Pastor Delores DAVIS DENNARD 612 47 St West Palm Beach</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED DORIS WRIGHT** **561 683-6513**  
Signature and typed or printed name of signing officer or director Date **2-25-03** Daytime Phone #

CR2E037 (10/02)