FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:37

DOCUMENT # N50038 (1)

1. Corporation Name
TRUE CONFESSION OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
1733 ALT 19 ST TARPON SPRINGS FL 34689 US	717 E SPRUCE ST TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3138135 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 500 E. Oakwood St.	26 P.O. Box 16
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tarpon Springs, Fl	28 City & State: Tarpon Springs, Fl.
24 Zip: 34689 25 Country: Pinellas	29 Zip: 34688-0016 30 Country: Pinellas

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CREWS, REBECCA A. 717 E SPRUCE ST UNIT 405 TARPON SPRINGS FL 34689	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	CREWS ARCHIE C	1.2 NAME		
STREET ADDRESS	717 E SPRUCE ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	JACKSON JOYCE	2.2 NAME	Maria E. Hargarett	
STREET ADDRESS	7020 BRENTWOOD DR	2.3 STREET ADDRESS	521 St. Michell's Way	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Tarpon Springs, Fl 34689	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	Rebecca A. Crews	3.2 NAME		
STREET ADDRESS	717 E. Spruce St.	3.3 STREET ADDRESS		
CITY-ST-ZIP	Tarpon Springs, Fl 34689	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca A. Crews 2/5/95 (813) 943-9653
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Rebecca A. Crews

0086368