

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001019

FILED
May 03, 2009
Secretary of State

Entity Name: THE GOSPEL OF TRUTH REVIVAL CENTER INC.

Current Principal Place of Business:

221 SE 4 AVE.
CHIEFLAND, FL 32644

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1176
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3185587 **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:

HENDERSON, PHILLIP J
319 SOUTH WEST 3RD STREET
CHIEFLAND, FL 32626 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: VPI () Delete
Name: MALONE, ALLIE MAE
Address: 319 SW 3RD ST.
City-St-Zip: CHIEFLAND, FL 32626

Title: VP () Delete
Name: HENDERSON, JOSEPH T
Address: 107 NE 4TH AVE.
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: CAMPBELL, BRUCE
Address: 319 SW 3RD STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: M () Delete
Name: HENDERSON, ISSAC
Address: PO BOX 154, 319 SW 3RD ST.
City-St-Zip: CHIEFLAND, FL 32644

Title: M () Delete
Name: HENDERSON III, TIMOTHY
Address: PO BOX 154, 319 SW 3RD ST.
City-St-Zip: CHIEFLAND, FL 32644

Title: M () Delete
Name: HENDERSON, AMOS
Address: PO BOX 154, 319 SW 3RD ST.
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LENA HENDERSON

P

05/03/2009

Electronic Signature of Signing Officer or Director

Date