


**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

10 APR 29 AM 7:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N93000001019</b>			
1. Entity Name <b>THE GOSPEL OF TRUTH REVIVAL CENTER INC.</b>			
Principal Place of Business 221 SOUTH EAST 4TH AVE. CHIEFLAND, FL 32626		Mailing Address PO BOX 1176 CHIEFLAND, FL 32644 P.O. Box 1176	
2. Principal Place of Business / No. P.O. Box # <i>221 SE 4th Ave</i>		3. Mailing Address <i>P.O. Box 1176</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Chiefland Fl.</i>		City & State	
Zip <i>32644</i>	Country <i>Levy</i>	Zip	Country
4. FEI Number 59-3185587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HENDERSON, PHILLIP J 319 SOUTH WEST 3RD STREET CHIEFLAND, FL 32626</b>		7. Name and Address of New Registered Agent	
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		DATE	
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2010		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, LENA M 107 NE 4TH AVE. CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPII Allie Mae Malone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 319 S.W. 3rd St. Chiefland 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, JOSEPH T 107 NE 4TH AVE. CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000179237150 04/30/10--01007--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, BRUCE 319 SW 3RD STREET CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HENDERSON, ISSAC PO BOX 154, 319 SW 3RD ST. CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HENDERSON III, TIMOTHY PO BOX 154, 319 SW 3RD ST. CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>RH</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HENDERSON, AMOS PO BOX 154, 319 SW 3RD ST. CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	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 exemptions contained 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 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: *Lena M. Henderson*

*4/24/10 (852) 870-434*