

2013 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -6 AM 9:04

DOCUMENT # N93000001019

1. Entity Name
THE GOSPEL OF TRUTH REVIVAL CENTER INC.



Principal Place of Business
221 SOUTH EAST 4TH AVE.
CHIEFLAND, FL 32626

Mailing Address
PO BOX 1176
CHIEFLAND, FL 32644



2. Principal Place of Business / No. P.O. Box #
221 SE 4th Ave

3. Mailing Address
P.O. Box 1176

04192007 Chg-NP CR2E037 (12/06)

City & State
Chiefland Fl.

City & State

4. FEI Number
59-3185587

Applied For
Not Applicable

Zip
32644

Country
Levy

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, PHILLIP J
319 SOUTH WEST 3RD STREET
CHIEFLAND, FL 32626

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2013

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P and Director
NAME: HENDERSON, LENA M
STREET ADDRESS: 107 NE 4TH AVE.
CITY-ST-ZIP: CHIEFLAND, FL 32626

TITLE: VP
NAME: HENDERSON, JOSEPH T
STREET ADDRESS: 107 NE 4TH AVE.
CITY-ST-ZIP: CHIEFLAND, FL 32626

TITLE: VP
NAME: HENDERSON, JOSEPH T
STREET ADDRESS: 107 NE 4TH AVE.
CITY-ST-ZIP: CHIEFLAND, FL 32626

TITLE: VP
NAME: HENDERSON, JOSEPH T
STREET ADDRESS: 107 NE 4TH AVE.
CITY-ST-ZIP: CHIEFLAND, FL 32626

TITLE: M
NAME: CAMPBELL, BRUCE
STREET ADDRESS: 319 SW 3RD STREET
CITY-ST-ZIP: CHIEFLAND, FL 32626

TITLE: M
NAME: HENDERSON, ISSAC
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

TITLE: M
NAME: HENDERSON, ISSAC
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

TITLE: M
NAME: HENDERSON III, TIMOTHY
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

TITLE: M
NAME: HENDERSON III, TIMOTHY
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

TITLE: M
NAME: HENDERSON, AMOS
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

TITLE: M
NAME: HENDERSON, AMOS
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

TITLE: M
NAME: HENDERSON, AMOS
STREET ADDRESS: PO BOX 154, 319 SW 3RD ST.
CITY-ST-ZIP: CHIEFLAND, FL 32644

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*

1/18/13 359-260-9885