FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **N93000005233 (2)**

1. Corporate Name

TRUE GOSPEL UNITED CHURCH OF JESUS CHRIST APOSTOLIC INC., OF FLORIDA

APPROVED AND FILED

PM MAY 1 9:12

FLORIDA

Principal Place of Business	Mailing Address
4306 N STATE RD 37 LAUDERDALE LAKES FL 33319	C/O REV HJ MCKOY 4200 NW 39TH AVE LAUDERDALE LAKES FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0459824	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Use for 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	

21		26	3971 NW 51 AVE.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: LAUDERDALE LAKES FL
24	Zip / 25 Country	29	Zip: 33319 / 30 Country: USA

9. Name and Address of Current Registered Agent

MCKOY, HENRY J
4200 NW 39TH AVE
LAUDERDALE LAKES FL 33309

10. Name and Address of New Registered Agent

81 Name	Henry J. McKoy (SAME)
82 Street Address (P.O. Box Number is Not Acceptable)	3971 NW 51 AVE.
83	
84 City / 85 Zip Code	LAUDERDALE LAKES FL / 33319

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: Henry J. McKoy — PRESIDENT — 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
01 TITLE	DP	01 TITLE	☐ Change ☐ Addition
02 NAME	MCKOY, HENRY J	02 NAME	
03 STREET ADDRESS	4200 NW 39TH AVE	03 STREET ADDRESS	
04 CITY ST ZIP	LAUDERDALE LAKES FL 33309	04 CITY ST ZIP	
05 TITLE	DS	05 TITLE	☐ Change ☐ Addition
06 NAME	LOWERY, RUTH	06 NAME	
07 STREET ADDRESS	3971 NW 51ST AVE	07 STREET ADDRESS	
08 CITY ST ZIP	LAUDERDALE LAKES FL 33319	08 CITY ST ZIP	
09 TITLE	DT	09 TITLE	☐ Change ☐ Addition
10 NAME	MCKOY, ALBERTHA	10 NAME	
11 STREET ADDRESS	4200 NW 39TH AVE	11 STREET ADDRESS	
12 CITY ST ZIP	LAUDERDALE LAKES FL	12 CITY ST ZIP	
13 TITLE		13 TITLE	ASSISTANT TREASURER ☐ Change ☑ Addition
14 NAME		14 NAME	Sonia E. Dillon
15 STREET ADDRESS		15 STREET ADDRESS	918 Magnolia Ave.
16 CITY ST ZIP		16 CITY ST ZIP	North Lauderdale, FL. 33068
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with changes noted on the attachment with an address.

SIGNATURE: Ruth N. Lowery — 4/26/95 — (305) 731-8667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH N. LOWERY (SECRETARY)

Date — Telephone Number

0046033