

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N93000005233 (2)

1. Corporation Name

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



Principal Place of Business

4306 N STATE RD 37
LAUDERDALE LAKES FL 33319

Mailing Address

3971 NW 51ST AVENUE
~~4200 NW 39TH AVE~~ 3971 NW 51st Street
LAUDERDALE LAKES FL ~~33319~~ 33309
US

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

Country

2a. Mailing Address

26 3971 NW 51st Ave

Suite, Apt. #, etc.

27 City & State

28 Lauderdale Lakes FL

29 Zip

33319

Country

US

3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0459824

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCKOY, HENRY J
3971 NW 51ST AVENUE
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3971 NW 51st Ave

83

84 City

Lauderdale Lakes

FL

85 Zip Code

33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MCKOY, HENRY J
STREET ADDRESS 4200 NW 39TH AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33309 ☐ DELETE

TITLE DS
NAME LOWERY, RUTH
STREET ADDRESS 3971 NW 51ST AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ DELETE

TITLE DT
NAME MCKOY, ALBERTHA
STREET ADDRESS ~~4200 NW 39TH AVE~~ 3971 NW
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ DELETE

TITLE AT
NAME DILLON, SONIA E
STREET ADDRESS 918 MAGNOLIA AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP
12 NAME MCKOY, HENRY J
13 STREET ADDRESS ~~4200 NW 39TH AVE~~ 3971 NW 51ST AVE
14 CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☒ Change ☐ Addition

21 TITLE Dept. Secretary
22 NAME Sandra B MCKOY
23 STREET ADDRESS 1148 Alabama Ave
24 CITY-ST-ZIP Fort Lauderdale FL 33312 ☒ Change ☐ Addition

31 TITLE DT
32 NAME MCKOY, ALBERTHA
33 STREET ADDRESS 3971 NW 51ST AVE
34 CITY-ST-ZIP Lauderdale Lakes FL 33319 ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Sonia Dillon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96

Daytime Phone #

CR2E037 (12/95)