

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

25 Country

2a. Mailing Address

26 **3971 NW 51st Ave**

27 Suite, Apt. #, etc.

28 City & State

Lauderdale Lakes FL

29 Zip

33319

30 Country

US

3. Date Incorporated or Qualified
11/18/1993

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

4. FFI 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
3971 NW 51st Ave
B3
B4 City **Lauderdale Lakes FL** B5 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)

(NOT Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCKOY, HENRY J	
STREET ADDRESS	4200 NW 39TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LOWERY, RUTH	
STREET ADDRESS	3971 NW 51ST AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCKOY, ALBERTHA	
STREET ADDRESS	4200 NW 39TH AVE 3971 NW	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DILLON, SONIA E	
STREET ADDRESS	918 MAGNOLIA AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCKOY, HENRY J	
1.3 STREET ADDRESS	4200 NW 39TH AVE	
1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
2.1 TITLE	Dept. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra B MCKOY	
2.3 STREET ADDRESS	1148 ALABAMA AVE	
2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCKOY, ALBERTHA	
3.3 STREET ADDRESS	3971 NW 51ST AVE	
3.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001761530	
6.3 STREET ADDRESS	-03/28/96--01088--011	
6.4 CITY-ST-ZIP	***61.25	

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
DATE

Daytime Phone #

CR2E037 (12/95)