

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000972 (9)

1. Corporation Name

TRUTH TABERNACLE OF GOD INTERNATIONAL MINISTRY, INC.



Principal Place of Business

106 NW 5 AVENUE
DELRAY BEACH FL 33444
US

Mailing Address

312 NE 4 STREET
DELRAY BCH FL 33444
US

3. Date Incorporated or Qualified
02/24/1994

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **106 NW 5 Avenue**
Suite, Apt. #, etc.

26 **312 NE 4 Street**
Suite, Apt. #, etc.

4. FEI Number
65-0473813

Applied For
☒ Not Applicable

22

City & State

DELRAY BEACH Fla

27

City & State

DELRAY BCH Fla

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 **33444**

25 **US**

29 **33444**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDACRE, LORNA I
312 NE 4TH STREET
DELRAY BEACH FL 33444

81 Name

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

83

84 City

FL

85 Zip Code

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

Lorna I Oldacre

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **OLDACRE, CLARENCE T**
STREET ADDRESS **312 NE 4 STREET**
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OLDACRE, LORNA I**
STREET ADDRESS **312 NE 4 STREET**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STANLEY, CHERYL D**
STREET ADDRESS **781 WEST CHANTELAIN BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DELRAY BEACH**
STREET ADDRESS **312 NE 4 Street**
CITY-ST-ZIP **Fla 33444**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

Clarence T Oldacre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-278-6111

CR2E037 (12/95)