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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000972 (9)**

1. Corporation Name

**TRUTH TABERNACLE OF GOD INTERNATIONAL MINISTRY,
INC.**

Principal Place of Business

Mailing Address

106 NW 5 AVENUE
DELRAY BEACH FL 33444
US

312 NE 4 STREET
DELRAY BCH FL 33444-3831
US



2. Principal Place of Business

2a. Mailing Address

21 **106 NW 5 Avenue**

26 **~~312 NE 4 Street~~**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
Delray Beach

27
City & State
**P.O. Box 1387
Delray Beach**

Zip

Country

Zip

Country

24 **33444**

25 **FL Delray Beach**

29 **33447-1387**

30 **FL Delray Beach**

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 **LORNA OLDACRE**
82 Street Address (P.O. Box Number is Not Acceptable)
305 NE 2 Avenue
83 **Delray Beach**
84 City **Delray Beach**

FL 85 Zip Code **33444**

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 Oldacre (Registered Agent) Lorna Oldacre** **4/29/97**

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 **312 NE 4TH ST**
CITY-ST-ZIP **DELRAY BCH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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 (Director)

Date

Daytime Phone # 0043103

CR2E037 (9/96)