

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000972 (9)

1. Corporation Name
TRUTH TABERNAACLE OF GOD INTERNATIONAL MINISTRY, INC.

Principal Place of Business

Mailing Address

106 NW 5 AVENUE
DELRAY BEACH FL 33444
US

P.O. BOX 1983
DELRAY BCH FL 33447
US

Change
↓



2. Principal Place of Business	2a. Mailing Address
21 106 NW 5 AVE	26 8346 Bermuda Sound Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Delray Beach	28 Boynton Beach
Zip	Zip
24 334	29 33431
Country	Country
25 FL	30 FL

3. Date Incorporated or Qualified	02/24/1994
4. FEI Number	65-0473813
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLDACRE, LORNA I 305 NE 2ND AVE DELRAY BEACH FL 33444	81 Name LORNA I OLDACRE 82 Street Address (P.O. Box Number is Not Acceptable) 83 8346 Bermuda Sound Way 84 City Boynton Beach FL 85 Zip Code 33431

NEW address →

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition
NAME	OLDACRE, CLARENCE T	1.2 NAME	OLDACRE CLARENCE
STREET ADDRESS	312 NE 4 STREET Change of address	1.3 STREET ADDRESS	8346 Bermuda Sound Way
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition
NAME	OLDACRE, LORNA I	2.2 NAME	OLDACRE LORNA
STREET ADDRESS	312 NE 4 STREET Change of address	2.3 STREET ADDRESS	8346 BERMUDA SOUND WAY
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Boynton Beach FL 33431
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition
NAME	STANLEY, CHERYL D	3.2 NAME	Stanley Cheryl
STREET ADDRESS	312 NE 4TH ST change of address	3.3 STREET ADDRESS	8346 Bermuda Sound Way
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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*

4-14-98

CR2E037 (10/97)