

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000972

1. Entity Name

TRUTH TABERNACLE OF GOD INTERNATIONAL MINISTRY,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90082 030 ****61.25

Principal Place of Business

106 NW 5 AVENUE
DELRAY BEACH FL 33444
US

Mailing Address

8346 BERMUDA SOUND WAY
BOYNTON BCH FL 33436-1728
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0473813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLDACRE, LORNA I
8346 BERMUDA SOUND WAY
BOYNTON BCH FL 33436

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME OLDACRE, CLARENCE T
STREET ADDRESS 8346 BERMUDA SOUND WAY
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME OLDACRE, LORNA I
STREET ADDRESS 8346 BERMUDA SOUND WAY
CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STANLEY, CHERYL D
STREET ADDRESS 8346 BERMUDA SOUND WAY
CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clarence Oldacre 561-733-8304
5-14-2000

Date

Daytime Phone #

CR2E037 (9/99)