

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-16-2001 90103 007 ****61.25

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1. Entity Name

TRUTH TABERNACLE OF GOD INTERNATIONAL MINISTRY.

Principal Place of Business

106 NW 5 AVENUE
 DELRAY BEACH FL 33444
 US

Mailing Address

8346 BERMUDA SOUND WAY
 BOYNTON BCH FL 33436
 US

2. Principal Place of Business

10600 Hypoluxo RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

havana FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0473813

Applied For

Not Applicable

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 re-registering)

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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NAME
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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

Clarence Oldacre 6/6/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)