

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001910 (7)**

1. Corporation Name

**TRUE MINISTRIES INC.**

Principal Place of Business

Mailing Address

**1001 IDAHO CT  
OCOE FL 34761**

**1001 IDAHO CT  
OCOE FL 34761-3257**



3. Date Incorporated or Qualified  
**04/18/1995**

3a. Date of Last Report  
**03/15/1996**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number <b>59-3312655</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IANNELLO, GUY F  
1001 IDAHO CT  
OCOE FL 34761**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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	PD	1.1 TITLE	
NAME	IANNELLO, GUY	1.2 NAME	
STREET ADDRESS	1001 IDAHO CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCOE FL 34761	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	5
NAME	AYLER, CATE	2.2 NAME	Ayler, Cate
STREET ADDRESS	1001 IDAHO CT	2.3 STREET ADDRESS	1001 IDAHO CT
CITY - ST - ZIP	OCOE FL 34761	2.4 CITY - ST - ZIP	OCOE FL 34761
TITLE	TD	3.1 TITLE	
NAME	RINKER, WESLEY	3.2 NAME	
STREET ADDRESS	5384 LAKE MARGARET DR #122	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	Desroches, Michael	4.2 NAME	Desroches, Michael
STREET ADDRESS	140 BARRINGTON	4.3 STREET ADDRESS	140 BARRINGTON
CITY - ST - ZIP	Palm Coast FL 32137	4.4 CITY - ST - ZIP	Palm Coast FL 32137
TITLE		5.1 TITLE	TD
NAME		5.2 NAME	Tommy Strickland
STREET ADDRESS		5.3 STREET ADDRESS	1 Old Army Rd
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Gotha FL 34734
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Signature of Guy F. Iannello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GUY F. IANNELLO** 4/4/97 Pres 407 654-0929

CR2E037 (9/96)