

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

1001 IDAHO CT  
OCOE FL 34761

Mailing Address

1001 IDAHO CT  
OCOE FL 34761

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1995

4. FEI Number

59-3312655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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

81 Name

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

83

84 City

**FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	IANNELLO, GUY	
STREET ADDRESS	1001 IDAHO CT	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AYLER, CATE	
STREET ADDRESS	1001 IDAHO CT	
CITY-ST-ZIP	OCOE FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, TONYA	
STREET ADDRESS	1 OLD ARMY RD	
CITY-ST-ZIP	GOtha FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DESROCHES, MICHAEL	
STREET ADDRESS	140 BARRINGTON	
CITY-ST-ZIP	PALM COAST FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Scott Lipscomb</b>
2.3 STREET ADDRESS	<b>1622 E. SPRING Ridge Cir.</b>
2.4 CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TEVA BATANI</b>
3.3 STREET ADDRESS	<b>7104 Westmar Dr.</b>
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Guy Iannello* **GUY IANNELLO Pres.** 4/13/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/97)