

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 03, 1999 8:00 am  
Secretary of State

08-03-1999 90009 046 \*\*\*\*61.25

DOCUMENT # N95000001910

1. Corporation Name

TRUE MINISTRIES CHURCH, INC.

Principal Place of Business

1001 IDAHO CT  
OCOE FL 34761

Mailing Address

1001 IDAHO CT  
OCOE FL 34761



21. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1995	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3312655	
23. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

IANNELLO, GUY F  
1001 IDAHO CT  
OCOE FL 34761

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	IANNELLO, GUY	1.2 NAME	Pastor Guy F. IANNELLO
STREET ADDRESS	1001 IDAHO CT	1.3 STREET ADDRESS	1000 IDAHO CT
CITY-ST-ZIP	OCOE FL 34761	1.4 CITY-ST-ZIP	OCOE, FL 34761
TITLE	S	2.1 TITLE	
NAME	LIPSCOMB, SCOTT	2.2 NAME	SCOTT LIPSCOMB
STREET ADDRESS	1622 E SPRING RIDGE CIR	2.3 STREET ADDRESS	1622 E Spring Ridge Cir.
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	TD	3.1 TITLE	
NAME	BATANI, TEVA	3.2 NAME	Michael Desroches
STREET ADDRESS	7104 WESTMAR DR	3.3 STREET ADDRESS	1440 Barrington Street
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	VD	4.1 TITLE	
NAME	DESROCHES, MICHAEL	4.2 NAME	
STREET ADDRESS	140 BARRINGTON	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)