

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001910**

1. Entity Name

TRUE MINISTRIES CHURCH, INC.

Principal Place of Business

**1001 IDAHO CT
OCOE FL 34761**

Mailing Address

**1001 IDAHO CT
OCOE FL 34761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3312655

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD IANNELLO, GUY F 1000 IDAHO CT OCOE FL 34761	<input type="checkbox"/>		<input type="checkbox"/>
S LIPSCOM, SCOTT 1622 E SPRING RIDGE CIR WINTER GARDEN FL 34787	<input type="checkbox"/>		<input type="checkbox"/>
TD BATANI, TEVA 7104 WESTMAR DR ORLANDO FL 32819	<input type="checkbox"/>		<input type="checkbox"/>
VD DESROCHES, MICHAEL 140 BARRINGTON PALM COAST FL 32137	<input type="checkbox"/>		<input type="checkbox"/>
SD CATHERINE AYLER 1001 IDAHO CT OCOE FL 34761	<input type="checkbox"/>	SD CATHERINE AYLER 1001 IDAHO CT OCOE FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90465 001 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)