

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90091 023 \*\*\*\*61.25

**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 &amp; State

City &amp; 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  
**PD  
IANNELLO, GUY F  
1000 IDAHO CT  
OCOE FL 34761** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LIPSCOM, SCOTT  
1622 E SPRING RIDGE CIR  
WINTER GARDEN FL 34787** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BATANI, TEVA  
7104 WESTMAR DR  
ORLANDO FL 32819** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Alphons O. Anyanwu  
6500 Forest City Rd  
Orlando, FL 32810** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DESROCHES, MICHAEL  
140 BARRINGTON  
PALM COAST FL 32137** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
wade sansing  
2003 Leelie Ann lane  
OCOE, FL 34761** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
AYLER, CATHERINE  
1001 IDAHO CT.  
OCOE FL 34761** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/22/02 407-5230020**

CR2E037 (9/01)