

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001910

FILED
Feb 11, 2004
Secretary of State**Entity Name:** TRUE MINISTRIES CHURCH, INC.**Current Principal Place of Business:**1001 IDAHO CT
OCOEE, FL 34761**New Principal Place of Business:****Current Mailing Address:**1001 IDAHO CT
OCOEE, FL 34761**New Mailing Address:****FEI Number:** 59-3312655**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**IANNELLO, GUY F
1001 IDAHO CT
OCOEE, FL 34761 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INNELLO, GUY F
Address: 1000 IDAHO CT
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: LIPSCOM, SCOTT
Address: 1622 E SPRING RIDGE CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: ANYANWU, ALPHANS O
Address: 6500 FOREST CITY RD
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: SANSING, WADE
Address: 2003 LEELE ANN LANE
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: AYLER, CATHERINE
Address: 1001 IDAHO CT.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IANNELLO, GUY F
Address: 1000 IDAHO CT
City-St-Zip: OCOEE, FL 34761

Title: S (X) Change () Addition
Name: LIPSCOMB, SCOTT
Address: 1622 E SPRING RIDGE CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SANSING, WADE
Address: PO BOX 1143
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY IANNELLO

PD

02/11/2004

Electronic Signature of Signing Officer or Director

Date