

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001910

FILED  
Apr 13, 2009  
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: IANNELLO, GUY F  
Address: 1881 LESLIE ANN LN.  
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete  
Name: LACAZE, DAVID  
Address: 1003 ARIZONA CT.  
City-St-Zip: OCOEE, FL 34761

Title: TD ( ) Delete  
Name: MYERS, KEVIN L  
Address: 17736 DEER ISLE CIR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD ( ) Delete  
Name: SANSING, WADE  
Address: 1002 ARIZONA CT.  
City-St-Zip: OCOEE, FL 34761

Title: SD ( ) Delete  
Name: AYLER, IANNELLO  
Address: 1881 LESLIE ANN LN.  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: SD (X) Change ( ) Addition  
Name: IANNELLO, CATHERINE  
Address: 1881 LESLIE ANN LN.  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/13/2009

Electronic Signature of Signing Officer or Director

Date