

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005504 (4)**

1. Corporation Name

THE CHURCH OF CHRIST TRUE GOSPEL, INC.



Principal Place of Business 1026 SOUTHWEST 56TH AVENUE HOLLYWOOD FL 33023	Mailing Address 5625 FLAGLER STREET HOLLYWOOD FL 33023-2315
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3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5513 Pembroke Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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4. FEI Number 65-0535908	Applied For Not Applicable
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22 City & State 23 Hollywood Florida	27 City & State
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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24 Zip 33021	25 Country USA	29 Zip	30 Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, ERNEST T
4209 MADISON ST.
HOLLYWOOD FL 33021**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BELL, MICHAEL A
STREET ADDRESS	1026 SOUTHWEST 56TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	SD <input type="checkbox"/> DELETE
NAME	BELL, RENEE
STREET ADDRESS	1026 SOUTHWEST 56TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	T <input type="checkbox"/> DELETE
NAME	DIXON, DOROTHY
STREET ADDRESS	1026 SOUTHWEST 56TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	D <input type="checkbox"/> DELETE
NAME	LEE, GEORGE
STREET ADDRESS	1026 SOUTHWEST 56TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	D <input type="checkbox"/> DELETE
NAME	TISDALE, SHIRLEY
STREET ADDRESS	1026 SOUTHWEST 56TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	TR <input type="checkbox"/> DELETE
NAME	made Lee
STREET ADDRESS	5513 Pembroke Rd
CITY-ST-ZIP	Hollywood FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Dunlap
1.3 STREET ADDRESS	5513 Pembroke Rd
1.4 CITY-ST-ZIP	Hollywood FL 33021
2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Evelyn Shaw
2.3 STREET ADDRESS	5513 Pembroke Rd
2.4 CITY-ST-ZIP	Hollywood FL 33021
3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy Johnson
3.3 STREET ADDRESS	5513 Pembroke Rd
3.4 CITY-ST-ZIP	Hollywood FL 33021
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Prisley Hopkins
4.3 STREET ADDRESS	5513 Pembroke Rd
4.4 CITY-ST-ZIP	Hollywood FL 33021
5.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lavonna Tisdale
5.3 STREET ADDRESS	5513 Pembroke Rd
5.4 CITY-ST-ZIP	Hollywood FL 33021
6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vannie Johnson
6.3 STREET ADDRESS	5513 Pembroke Rd
6.4 CITY-ST-ZIP	Hollywood FL 33021

14. I do 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.

SIGNATURE:  **Michael A Bell** 4/5/97 954 9663633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023662

CR2E037 (9/96)