

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90047 025 ****70.00

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1. Corporation Name

THE CHURCH OF CHRIST TRUE GOSPEL, INC.

Principal Place of Business

5513 PEMBROKE RD.
HOLLYWOOD FL 33021
US

Mailing Address

5625 FLAGLER STREET
HOLLYWOOD FL 33023



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		01/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		65-0535908	
24 Country		30 Country		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BELL, ERNEST T
4209 MADISON ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	
NAME	BELL, MICHAEL A	1.2 NAME	
STREET ADDRESS	5513 PEMBROKE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	BELL, RENE	2.2 NAME	
STREET ADDRESS	55313 PEMBROKE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DIXON, DOROTHY	3.2 NAME	
STREET ADDRESS	5513 PEMBROKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	LEE, GEORGE	4.2 NAME	
STREET ADDRESS	5513 PEMBROKE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TISDALE, SHIRLEY	5.2 NAME	
STREET ADDRESS	5513 PEMBROKE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	BELL, LASHIKA	6.2 NAME	
STREET ADDRESS	5513 PEMBROKE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98