NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEN頭 #N96000000580

FILED Feb 25, 2002 8:00 am Secretary of State

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	Place of Business Carriage Gate Dri	3. Mailing Address	Court	NE					
Suite, Apt			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Sta Me1bo	ourne,Florida	City & State Palm Bay	City & State alm Bay, Florida		4. FEI Number 59–33570	<u> </u>			
Zip 32902	Country 2 Brevard	32907	Brev	_{Jard}	5. Certificate of Sta	itus Desiled Li Fi	8.75 Additional ee Required		
	DO NOT W	and the second s	and the second s	Street Address	7. Name and Address EGEL & ULT (P.O. Box Number is Neria - Avenue	ot Acceptable)	Agent		
2. 2.				City	_Gables.	FL	Zip Code		
SIGNATURE	e named entity submits this statement Signature, typed or printed name of registered age			d Agent signature require		DATE			
			ion Campaign F Fund Contribution	~ —	\$5.00 May Be Added to Fees	Make Check Department			
10.	OFFICERS AND D	IRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Duncan, Elisha A. 700 Vega Court N Palm Bay, Florida VP	E 32907		ET ADDRESS ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	Norman Duncan 2830 River Ponte Drive Orlando,Florida 32825			ET AÐDRESS ST-ZIP	*** *** *** ***	* ***			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carmen Thomas 726 Boeing Street NE Palm Bay,Florida 32907			T ADDRESS ST-ZIP	DO_NOT_WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPaim Baviriorida 32907			tt address St-Zip	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carmen Thomas 726 Boeing Stree Palm Bay,Florida	t NE 32907		T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Annie Duncan 700 Vega Court N Palm Bay,Florida			T ADDRESS ST-ZIP					

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 on an attachment with an address with all other like empowered.

SIGNATURE: