

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90372 012 ****61.25

DOCUMENT # N96000000580 1. Entity Name COMMUNITY GOSPEL TRUTH CHURCH OF GOD, INC.																																																																																																																													
Principal Place of Business 3507 CARRIAGE GATE DRIVE MELBOURNE, FL 32902			Mailing Address 700 VEGA COURT NE PALM BAY, FL 32907																																																																																																																										
2. Principal Place of Business - No P.O. Box # 505 N. John Rhodes Blvd.		3. Mailing Address 700 Vega Ct. NE																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State Melbourne, Florida		City & State Palm Bay, Fla.		4. FEI Number 59-3357662																																																																																																																									
Zip 32934		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
Zip 32907		Country Brevard		01202007 Chg-NP CR2E037 (12/06)																																																																																																																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUNCAN, ELISHA A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 VEGA COURT NORTHEAST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32907</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGILLVERY, ELSIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>751 WALDEN BOULEVARD PALM BAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGILLVERY, HARRIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>751 WALDEN BOULEVARD PALM BAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAWRENCE, FITZGERALD O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1390 ASHBOTO CIR. SE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAWRENCE, MARIA I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1390 ASHBOTO CIR. SE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUNCAN, ANNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 VEGA COURT NE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32907</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	DUNCAN, ELISHA A		STREET ADDRESS	700 VEGA COURT NORTHEAST		CITY-ST-ZIP	PALM BAY, FL 32907		TITLE	S	<input type="checkbox"/> Delete	NAME	MCGILLVERY, ELSIE		STREET ADDRESS	751 WALDEN BOULEVARD PALM BAY		CITY-ST-ZIP	PALM BAY, FL 32909		TITLE	T	<input type="checkbox"/> Delete	NAME	MCGILLVERY, HARRIS		STREET ADDRESS	751 WALDEN BOULEVARD PALM BAY		CITY-ST-ZIP	PALM BAY, FL 32909		TITLE	V	<input type="checkbox"/> Delete	NAME	LAWRENCE, FITZGERALD O		STREET ADDRESS	1390 ASHBOTO CIR. SE		CITY-ST-ZIP	PALM BAY, FL 32909		TITLE	D	<input type="checkbox"/> Delete	NAME	LAWRENCE, MARIA I		STREET ADDRESS	1390 ASHBOTO CIR. SE		CITY-ST-ZIP	PALM BAY, FL 32909		TITLE	D	<input type="checkbox"/> Delete	NAME	DUNCAN, ANNIE		STREET ADDRESS	700 VEGA COURT NE		CITY-ST-ZIP	PALM BAY, FL 32907		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: <u>Elisha A. Duncan - Elisha A. Duncan Director</u> <u>3.5.07</u> <u>321-951-4487</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													



ATTACHMENT

40034365
#N96000000580

PO Box 120099
Melbourne, FL
32912-0099
(800) PSALM 23
info@tccm.org

To whom it may concern

This is to inform you that Community Gospel Truth COG Inc. is now meeting in the 4,200 sq ft Chapel Of Christian Care Ministry Inc. located at 505 N. John Rodes Blvd. Melbourne Fla. 32934. The Community Gospel uses the facility for all ministerial services of the church.

Robert Baldwin
President
Christian Care Ministry, Inc.