

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000580

1. Entity Name
COMMUNITY GOSPEL TRUTH CHURCH OF GOD, INC.



Principal Place of Business
**505 N. JOHN RHODES BLVD
MELBOURNE, FL 32934**

Mailing Address
**700 VEGA CT NE
PALM BAY, FL 32907**



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3357662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNCAN, ELISHA A
STREET ADDRESS	700 VEGA COURT NORTHEAST
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	S
NAME	MCGILLVERY, ELSIE
STREET ADDRESS	751 WALDEN BOULEVARD PALM BAY
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	T
NAME	MCGILLVERY, HARRIS
STREET ADDRESS	751 WALDEN BOULEVARD PALM BAY
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	V
NAME	LAWRENCE, FITZGERALD O
STREET ADDRESS	1390 ASHBOTO CIR. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	LAWRENCE, MARIA I
STREET ADDRESS	1390 ASHBOTO CIR. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	DUNCAN, ANNIE
STREET ADDRESS	700 VEGA COURT NE
CITY-ST-ZIP	PALM BAY, FL 32907

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03/26/08-80090-008 61.25

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IN THIS SPACE**

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: *Elisha A. Duncan* *Elisha A. Duncan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-08

Date

324-251-4489

Daytime Phone #