

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000580

FILED
Feb 21, 2009
Secretary of State

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

Current Principal Place of Business:

505 N. JOHN RHODES BLVD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

700 VEGA CT NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 59-3357662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNCAN, ELISHA A
Address: 700 VEGA COURT NORTHEAST
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: MCGILLVERY, ELSIE
Address: 751 WALDEN BOULEVARD PALM BAY
City-St-Zip: PALM BAY, FL 32909

Title: T () Delete
Name: MCGILLVERY, HARRIS
Address: 751 WALDEN BOULEVARD PALM BAY
City-St-Zip: PALM BAY, FL 32909

Title: V () Delete
Name: LAWRENCE, FITZGERALD O
Address: 1390 ASHBOTO CIR. SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: LAWRENCE, MARIA I
Address: 1390 ASHBOTO CIR. SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: DUNCAN, ANNIE
Address: 700 VEGA COURT NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISHA A. DUNCAN

PD

02/21/2009

Electronic Signature of Signing Officer or Director

Date