

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 17, 1999 8:00 am  
Secretary of State

09-17-1999 90004 004 \*\*\*\*70.00

DOCUMENT # N97000002816

1. Corporation Name

TRUE KNOWLEDGE MINISTRIES, INC.

Principal Place of Business

927 S GOLDWYN AVE #229  
ORLANDO FL 32805  
US

Mailing Address

P O BOX 555002  
ORLANDO FL 32855  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1301 N Pine Hills Rd		26 Suite, Apt. #, etc.		05/19/1997	
22 Suite, Apt. #, etc.		27 City & State		4. FEI Number	
23 Orlando, FL		28 City & State		59-3456556	
24 32818 25 US		29 Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRY, JEFF J  
4845 CROW ST.  
ORLANDO FL 32819

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	1.1 TITLE	D
NAME	TERRY, JEFF J	1.2 NAME	Robert Davis
STREET ADDRESS	4845 CROW ST.	1.3 STREET ADDRESS	5002 Pinechase Dr Apt 1
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	Orlando FL 32808
TITLE	D	2.1 TITLE	D
NAME	TERRY, VIRGINIA L	2.2 NAME	Gloria Davis
STREET ADDRESS	4845 CROW ST.	2.3 STREET ADDRESS	5002 Pinechase Dr Apt 1
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	Orlando FL 32808
TITLE	D	3.1 TITLE	
NAME	ALEXANDER, ELIZABETH	3.2 NAME	
STREET ADDRESS	1448 SACKETT CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MAXWELL, TERRY C	4.2 NAME	
STREET ADDRESS	7158 N.W. 49TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MAXWELL, AUDREY R	5.2 NAME	
STREET ADDRESS	7158 N.W. 49TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

9-7-99 (407) 8309112

CR2E037 (5/99)