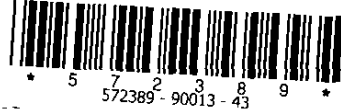


FILED

Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90081 004 ****75.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>W98000005274 N98000001075</i>					
1. Corporation Name <i>True Gospel Pentecostal Church</i> <i>4327 W. Columbia St.</i>					
Principal Place of Business <i>4327 W. Columbia St.</i> <i>Orl. Fla. 32811</i> <i>Orla Fla. 32811</i>			Mailing Address <i>40 Elden Moses Montgomery</i> <i>5437 Karen Ct</i> <i>Orl. Fla. 32811</i>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		<i>2-28-98</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<i>59-3515818</i>	
City & State		City & State		☒ 5. Certificate of Status Desired \$8.75 Additional Fee Required ☐ 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23		28		29	
Zip		Zip		Country	
24		25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>Rev. Moses Montgomery</i> <i>5437 Karen Ct</i> <i>Orlando Fla 32811</i>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☐ Change ☐ Addition				☐ Change ☐ Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<i>Elder Pastor-President</i>	<i>5437 Karen Ct.</i>	<i>Orlando Fla. 32811</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<i>Jewel Montgomery Vice President</i>	<i>5437 Karen Ct.</i>	<i>Orl. Fla. 32811</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<i>John Hightower Treasurer</i>	<i>436 Sunset Dr.</i>	<i>Orl. Fla. 32805</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<i>ADA Mae Hightower Secretary</i>	<i>436 Sunset Dr.</i>	<i>Orl. Fla. 32805</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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: *Ada Mae Hightower* **4-1-99-407-423-0223**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)