2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001078

1. Entity Name
TRUE GOSPEL PENTECOSTAL CHURCH, INC.

Principal Place of Business	Mailing Address
4327 W. COLUMBIA STR. ORLANDO, FL 32805	3333 WELLS ST ORLANDO, FL 32805

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03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3515808

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAINES, HOMER
3333 WELLS ST
ORLANDO, FL 32828

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TVPD
NAME	MONTGOMERY, JEWEL
STREET ADDRESS	98 N GOLDWYN
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	TPD
NAME	GAINES, HOMER
STREET ADDRESS	3333 WELLS STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	TSD
NAME	GAINER, BERTHA
STREET ADDRESS	3333 WELLS ST
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/05-80019-013 61.25

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12. 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 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: Homer Gaines Homer Gaines 4/1/05 (407)293-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #