

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001078

FILED
Apr 09, 2009
Secretary of State

Entity Name: TRUE GOSPEL PENTECOSTAL COMMUNITY CHURCH, INC.

Current Principal Place of Business:

4327 W. COLUMBIA STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

3333 WELLS STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3515808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAINES, HOMER
3333 WELLS STREET
ORLANDO, FL 32805 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: GAINES, HOMER
Address: 3333 WELLS STREET
City-St-Zip: ORLANDO, FL 32805

Title: SD () Delete
Name: ROBINSON, JOYCE
Address: 6612 HIAWASSEE MEADOWS
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: PORTER, VIRGINIA
Address: 1932 LAKE ATRIUM CIRCLE
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: PETITE, JACQUES
Address: 4156 MINOSA STREET
City-St-Zip: ORLANDO, FL 32811

Title: M () Delete
Name: PALMER, MAE
Address: 4308 LAKE LAWNE AVENUE
City-St-Zip: ORLANDO, FL 32808

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:

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: HOMER GAINES

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date