

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 017 ****61.25

DOCUMENT # N99000004906

1. Entity Name

**THE TRUE CHURCH OF GOD'S FIVE FOLD MINISTRY
NON-DENOMINATION INC.**



Principal Place of Business

**3203 HWY. 2
CAMPBELLTON FL 32426**

Mailing Address

**3203 HWY. 2
CAMPBELLTON FL 32426**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, WILLIE
3203 HWY. 2
CAMPBELLTON FL 32426**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, WILLIE W	
STREET ADDRESS	3203 HWY. 2	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, JAMES	
STREET ADDRESS	2978 CECIL RD	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, AGGIE BELL	
STREET ADDRESS	2982 CECIL RD.	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, ROSIE	
STREET ADDRESS	3297 ST. PHILLIPS RD.	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, TIMOTHY SR.	
STREET ADDRESS	P.O. BOX 62	
CITY-ST-ZIP	GREENWOOD FL 32443	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEECHUM, QUINTON	
STREET ADDRESS	3100 CECIL RD.	
CITY-ST-ZIP	CAMPBELLTON FL 32426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliver, Gailsey	
STREET ADDRESS	3421 Wiloliver Ln. P.O. Box 62	
CITY-ST-ZIP	Greenwood, FL 32443	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Danny D.	
STREET ADDRESS	3297 St. Phillips Rd	
CITY-ST-ZIP	Campbellton, FL 32426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Willie Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

(850)263-4091

Date

Daytime Phone #