

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLARK, WILLIE W**
CITY-ST-ZIP **3203 HWY. 2
CAMPBELLTON FL 32426**

TITLE ☐ Change ☐ Addition
NAME **U00000876531**
STREET ADDRESS **04/11/08-80076-013 61.25**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLARK, JAMES**
CITY-ST-ZIP **2978 CECIL RD
CAMPBELLTON FL 32426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OLIVER, GIRLSEY**
CITY-ST-ZIP **3293 ST. PHILLIPS RD.
CAMPBELLTON FL 32426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WHITE, ROSIE**
CITY-ST-ZIP **3297 ST. PHILLIPS RD.
CAMPBELLTON FL 32426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHITE, DANNY D**
CITY-ST-ZIP **3297 ST PHILLIPS RD
CAMPBELLTON FL 32426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BEECHUM, QUINTON**
CITY-ST-ZIP **3100 CECIL RD.
CAMPBELLTON FL 32426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

3-30-2008 263-4091 (850)