2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N99000004906

Entity Name: THE TRUE CHURCH OF GOD'S FIVE FOLD MINISTRY NON-DENOMINATION INC.

Current Principal Place of Business:

3203 HWY. 2
CAMPBELLTON, FL 32426

New Principal Place of Business:

Current Mailing Address:

3203 HWY. 2
CAMPBELLTON, FL 32426

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, WILLIE
3203 HWY. 2
CAMPBELLTON, FL 32426 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:	D	( ) Delete
Name:	CLARK, WILLIE W	
Address:	3203 HWY. 2	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	D	( ) Delete
Name:	CLARK, JAMES	
Address:	2978 CECIL RD	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	D	( ) Delete
Name:	OLIVER, GIRLSEY	
Address:	3293 ST. PHILLIPS RD.	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	S	( ) Delete
Name:	WHITE, ROSIE	
Address:	3297 ST. PHILLIPS RD.	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	D	( ) Delete
Name:	WHITE, DANNY D	
Address:	3297 ST PHILLIPS RD	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	D	( ) Delete
Name:	BEECHUM, QUINTON	
Address:	3100 CECIL RD.	
City-St-Zip:	CAMPBELLTON, FL 32426	

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:	
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: WILLIE W. CLARK D 03/30/2009

Electronic Signature of Signing Officer or Director — Date