FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
SUNBIZ.NET
Tallahassee, Florida

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25063 (1)

1. Entity Name

TRUE FAITH GREATER NEW TESTMENT CHURCH INC.

Principal Office Address

1630 NW 2ND AVE.
POMPANO BEACH FL 33060

Mailing Address

1630 NW 2ND AVE.
POMPANO BEACH FL 33060

Certificate of Status Desired [ ]

3. Date Incorporated or Qualified: 03/30/1992

3a. Date of Last Report: 08/11/1994

21 2. Principal Office Address

26 2a. Mailing Address

4. FEI Number: 65-0382316 — Applied For [ ] Not Applicable [ ]

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

24 Zip 25 County

29 Zip 30 County

7. Is this corporation operating in Florida as a limited liability company or partnership? Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MOTON, NATHANIEL
1630 NW 2ND AVE.
POMPANO BEACH FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent's address only, Registered Agent need not sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31	DP	31	[ ] Change [ ] Addition
32 NAME	MOTON, NATHANIEL	32 NAME	
33 STREET ADDRESS	1630 NW 2ND AVE.	33 STREET ADDRESS	
34 CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
35	DV	35	[ ] Change [ ] Addition
36 NAME	JONES, JOHNNIE LEE	36 NAME	
37 STREET ADDRESS	202 NE 14TH AVE.	37 STREET ADDRESS	
38 CITY-ST-ZIP	POMPANO BEACH FL	38 CITY-ST-ZIP	
39	DT	39	[ ] Change [ ] Addition
40 NAME	PARRISH, MARGIE LEE	40 NAME	
41 STREET ADDRESS	2770 NW 2ND ST.	41 STREET ADDRESS	
42 CITY-ST-ZIP	POMPANO BEACH FL	42 CITY-ST-ZIP	
43	DS	43	[ ] Change [ ] Addition
44 NAME	MYERS, GERALDINE R.	44 NAME	
45 STREET ADDRESS	8161 NW 7TH ST.	45 STREET ADDRESS	
46 CITY-ST-ZIP	N. LAUDERDALE FL	46 CITY-ST-ZIP	
47		47	[ ] Change [ ] Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY-ST-ZIP		50 CITY-ST-ZIP	
51		51	[ ] Change [ ] Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report or supplemental annual report is true and correct 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Nathaniel MOTON 5/18/95 305.785-4933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0100781 CP