

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44001

Entity Name: TRUE FOUNDATION MINISTRIES, INC.**Current Principal Place of Business:**220 LAMONTE POINTE COURT
DEBARY, FL 32713**Current Mailing Address:**220 LAMONTE POINTE COURT
DEBARY, FL 32713 US**FEI Number:** 59-3129205**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GEORGE, GWENDOLYN FISHER
220 LAMONTE POINTE COURT
DEBARY, FL 32713 US*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:** GWENDOLYN F. GEORGE

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GEORGE, GWENDOLYN F
Address 220 LAMONTE POINTE COURT
City-State-Zip: DEBARY FL 32713

Title D
Name WILSON, CARMEN M
DIRECTOR/ASST. SECRETARY
Address 504 SOUTH HIGH STREET
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name MURPHY, MILTON
Address 644 GLENHAVEN AVENUE
City-State-Zip: PIERSON FL

Title VICE
PRESIDENT/TREASURER/SECRETAR
Y
Name SCOTT, TERI M
Address 117 LEAH DRIVE
City-State-Zip: CLAYTON NC 27520

Title DIRECTOR
Name YOUNG, FRED
Address 7020 RAPIDRIVER DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32219

Title DIRECTOR
Name STONE, CHRISTINE
Address 2222 FOUNTAINBLEAU DRIVE
City-State-Zip: ORLANDO FL 32808

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN F. GEORGEPRESIDENT/CEO/SR.
PASTOR

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date