

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001019

**Entity Name:** THE GOSPEL OF TRUTH REVIVAL CENTER INC.

**Current Principal Place of Business:**

221 SE 4 AVE.  
CHIEFLAND, FL 32644

**Current Mailing Address:**

221 SOUTH EAST 4TH AVE  
POST OFFICE BOX 154  
CHIEFLAND, FL 32644 US

**FEI Number:** 59-3185587

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HENDERSON-DURR, LENA M  
221 SOUTH EASST 4TH AVE  
CHIEFLAND, FL 32644 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name HENDERSON, JOSEPH T  
Address 107 NE 4TH AVE.  
City-State-Zip: CHIEFLAND FL 32626

Title M  
Name HENDERSON III, TIMOTHY  
Address PO BOX 154, 319 SW 3RD ST.  
City-State-Zip: CHIEFLAND FL 32644

Title M  
Name HENDERSON, AMOS  
Address PO BOX 154,319 SW 3RD ST.  
City-State-Zip: CHIEFLAND FL 32644

Title PRESIDENT  
Name HENDERSON, LENA M  
Address 319 SOUTH WEST 3RD STREET  
City-State-Zip: CHIEFLAND FL 32644

Title VP, PRESIDENT  
Name HENDERSON, ISSAC LEE  
Address 221 SE 4 AVE.  
City-State-Zip: CHIEFLAND FL 32644

Title OTHER  
Name HENDERSON, PHILLIP  
Address 10610 NE 110 LANE  
City-State-Zip: ARCHER FL 32618

*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:** LENA HENDERSON-

**PRESIDENT**

**01/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date