2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001019

Entity Name: THE GOSPEL OF TRUTH REVIVAL CENTER INC.

FILED Apr 07, 2017 Secretary of State CC8014536501

Current Principal Place of Business:

221 SE 4 AVE.

CHIEFLAND, FL 32644

Current Mailing Address:

P.O. BOX 1176

CHIEFLAND, FL 32644

FEI Number: 59-3185587 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDERSON-DURR, LENA M 319 SOUTH WEST 3RD STREET CHIEFLAND, FL 32626 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 VPII Title VF

Name MALONE, ALLIE MAE Name HENDERSON, JOSEPH T

Address 319 SW 3RD ST. Address 107 NE 4TH AVE.

City-State-Zip: CHIEFLAND FL 32626 City-State-Zip: CHIEFLAND FL 32626

Title M Title M

Name CAMPBELL, BRUCE Name HENDERSON, ISSAC

Address 319 SW 3RD STREET Address PO BOX 154, 319 SW 3RD ST.

City-State-Zip: CHIEFLAND FL 32626 City-State-Zip: CHIEFLAND FL 32644

Title M Title M

Name HENDERSON III, TIMOTHY Name HENDERSON, AMOS

Address PO BOX 154, 319 SW 3RD ST. Address PO BOX 154,319 SW 3RD ST.

City-State-Zip: CHIEFLAND FL 32644 City-State-Zip: CHIEFLAND FL 32644

Title PRESIDENT

Name HENDERSON, LENA M
Address POST OFFICE BOX 154
City-State-Zip: CHIEFLAND FL 32644

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 REGISTERED AGENT 04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date