

2015 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:

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 VP
Name MALONE, ALLIE MAE
Address 319 SW 3RD ST.
City-State-Zip: CHIEFLAND FL 32626

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

Title M
Name CAMPBELL, BRUCE
Address 319 SW 3RD STREET
City-State-Zip: CHIEFLAND FL 32626

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

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 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

PASTOR

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date