

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N96000000580

**Entity Name:** COMMUNITY GOSPEL TRUTH CHURCH OF GOD, INC.

**Current Principal Place of Business:**

795 WICKHAM ROAD  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

795 WICKHAM ROAD  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 59-3357662

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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 PD  
Name DUNCAN, ELISHA A  
Address 700 VEGA COURT NORTHEAST  
City-State-Zip: PALM BAY FL 32907

Title S  
Name BECHTA, JEFFREY  
Address 795 WICKHAM ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

Title T  
Name DUBLIN, ANGELLA  
Address 795 WICKHAM ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

Title V, PASTOR  
Name LAWRENCE, FITZGERALD O  
Address 795 WICKHAM ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

Title D, PASTOR  
Name LAWRENCE, MARIA I  
Address 795 WICKHAM ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

Title D  
Name DUNCAN, ANNIE  
Address 700 VEGA COURT NE  
City-State-Zip: PALM BAY FL 32907

Title DIRECTOR  
Name CONTY, EMILE  
Address 795 WICKHAM ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

*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:** FITZGERALD O, LAWRENCE

VP

07/20/2015

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

\_\_\_\_\_  
Date