

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005858 1. Entity Name TRUE WISDOM NEW HOPE MINISTRIES, INC.						FILED 04 APR 30 AM 9:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1324 SOUTH ADAMS STREET TALLAHASSEE, FL 32301				Mailing Address 1324 SOUTH ADAMS STREET TALLAHASSEE, FL 32301			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 30-0127636				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMS, JENNIFER E 910-4 SEBRING COURT TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Jennifer E. Williams</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <u>4/27/04</u>			
Filing Fee Is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, II, LORENZA PASTOR 1747 NE CAPITAL CIR #302 TALLAHASSEE, FL 32308 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12514 Jefferson Court Tallahassee, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, VICKIE APASTOR 1747 NE CAPITAL CIR #302 TALLAHASSEE, FL 32308 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12517 Jefferson Court Tallahassee, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, WANDA MINISTR 1950 N POINT BLVD #301 TALLAHASSEE, FL 32308 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Thorpe, Wanda (minister) 3925 Olson Landing Rd Tallahassee, FL 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JENNIFER E 910-4 SEBRING COURT TALLAHASSEE, FL 32301 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 000035849190 05/11/04--01019--011 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Wanda Thorpe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>4/27/04</u> (850) <u>321-5582</u> Date Daytime Phone #			