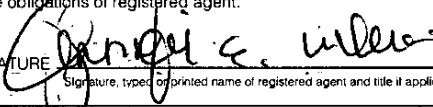


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90049 028 ****61.25

DOCUMENT # N02000005858 1. Entity Name TRUE WISDOM NEW HOPE MINISTRIES, INC.					
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 1320 S. Adams St. Suite, Apt. #, etc.		3. Mailing Address 1320 S. Adams St. Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32301 Country Leon		City & State Tallahassee, FL Zip 32301 Country Leon		4. FEI Number 30-0127636	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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  (NOTE: Registered Agent signature required when reinstating) DATE 1-6-05					
Filing Fee is \$61.25 Due by May 1, 2005		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 12514 JEFFERSON COURT TALLAHASSEE, FL 32317	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, VICKIE APASTOR 12514 JEFFERSON COURT TALLAHASSEE, FL 32317	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, WANDA - MINISTR 2925 OLSON LANDING ROAD TALLAHASSEE, FL 32308	☒ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JENNIFER E 910-4 SEBRING COURT TALLAHASSEE, FL 32301	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ 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: 				Date 1/6/05 Daytime Phone # 850-847-0000	