

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 SEP -5 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005858

1. Entity Name
TRUE WISDOM NEW HOPE MINISTRIES, INC.



Principal Place of Business
1320 S ADAMS ST
TALLAHASSEE, FL 32301

Mailing Address
1320 S ADAMS ST
TALLAHASSEE, FL 32301



09052006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

300079522593

09/06/06--01036--028 ***61.25

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUTLEDGE, II, LORENZA PASTOR
12514 JEFFERSON COURT
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUTLEDGE, VICKIE APASTOR
12514 JEFFERSON COURT
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WILLIAMS, JENNIFER E
910-4 SEBRING COURT
TALLAHASSEE, FL 32301

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/06

8/19