

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005858

FILED
May 12, 2009
Secretary of State

Entity Name: TRUE WISDOM NEW HOPE MINISTRIES INTERNATIONAL DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1320 S ADAMS ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

1477 CAPITAL CIR NW
TALLAHASSEE, FL 32304

Current Mailing Address:

1320 S ADAMS ST
TALLAHASSEE, FL 32301

New Mailing Address:

1477 CAPITAL CIR NW
TALLAHASSEE, FL 32304

FEI Number: 30-0127636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JENNIFER E
910-4 SEBRING COURT
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WILLIAMS, JENNIFER E S
1477 CAPTIAL CIR NW
TALLAHASSEE, FL 32304 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: JENNIFER WILLIAMS

05/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUTLEDGE, II, LORENZA PASTOR
Address: 12514 JEFFERSON COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: RUTLEDGE, VICKIE APASTOR
Address: 12514 JEFFERSON COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: WILLIAMS, JENNIFER E
Address: 910-4 SEBRING COURT
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BA () Change (X) Addition
Name: RIOS, MELISSA M
Address: 410 VICTORY GARDEN DR. #112
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORENZA RUTLEDGE

D

05/12/2009

Electronic Signature of Signing Officer or Director

Date