

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000003990

**Entity Name:** TRUE LIFE FAMILY & WORSHIP MINISTRY INC

**Current Principal Place of Business:**

4610 SW 49TH RD  
OCALA, FL 34474

**Current Mailing Address:**

400 SW 1ST AVE  
PO BOX 4666  
OCALA, FL 34478

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RICHARDSON, TERRELL L  
6419 SW 145TH LN  
OCALA, FL 34473 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 P  
Name RICHARDSON, TERRELL L  
Address 6419 SW 145TH LN  
City-State-Zip: Ocala FL 34473

Title VP  
Name RICHARDSON, TIPHANY J  
Address 6419 SW 145TH LN  
City-State-Zip: Ocala FL 34473

Title D  
Name BRANTON, ISAIAH  
Address 3585 SW 38TH TERRACE G-103  
City-State-Zip: Ocala FL 34474

Title D  
Name RICHARDSON, JASMINE T  
Address 6419 SW 145TH LANE RD  
City-State-Zip: Ocala FL 34473

Title S  
Name JACOBS, ULYSSA M  
Address 3310 SE LAKE WEIR AVE FL 34471  
City-State-Zip: Ocala FL 34473--546

Title D  
Name PRAY, SELIA A  
Address 3310 SE LAKE WEIR AVE FL 34471  
City-State-Zip: Ocala FL 34473--546

*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:** TERRELL RICHARDSON

P

02/03/2024

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

\_\_\_\_\_  
Date