

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707529

FILED
Apr 10, 2007
Secretary of State

Entity Name: THE TRUE LIGHT CHURCH OF JESUS CHRIST OF APOSTOLIC FAITH MIRACLE TABERNACLE, INC.

Current Principal Place of Business:

8449 N.W. 22ND AVE.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

8449 N.W. 22ND AVE.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-1966049 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, HOZIE
21340 SW 119TH AVE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, HOZIE
Address: 21340 SW 119TH AVE
City-St-Zip: MIAMI, FL 33177

Title: DT () Delete
Name: FULTON, MINNIE,
Address: 13201 NW 28 AVE #338
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: JONES, MICHAEL
Address: 3825 N.W. 10 AVE
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: ROBINSON, CATHERINE,
Address: 1148 NW 116TH ST
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: STANLEY, CATHERINE
Address: 4723 NW 192ND ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: TEAL, GWENDOLYN,
Address: 6945 NW 6TH AVE.
City-St-Zip: MIAMI, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE STANLEY

DT

04/10/2007

Electronic Signature of Signing Officer or Director

Date