

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707529

FILED  
May 27, 2009  
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 ( )**  
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:**

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 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

05/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date