

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765111

FILED
Mar 04, 2009
Secretary of State

Entity Name: TRUE PRAISE AND WORSHIP CENTER MIN. INC.

Current Principal Place of Business:

1713 JULIA ST.
AMERICAN BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1713 JULIA ST.
AMERICAN BEACH, FL 32034 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GADSON, ROSELLA
RT 2 BOX 262
1713 JULIA ST
FERNANDINA BEACH, FL 32034 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: D () Delete
Name: COTTON, PETRINE
Address: 1665 LIME ST APT 4B
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: MELTON, LILLIE M
Address: MT. ZION CIRCLE
City-St-Zip: YULEE, FL 32097

Title: PD () Delete
Name: COLEMAN, WILLIE N,
Address: NORTH 15TH STREET
City-St-Zip: FERNANDINA BCH, FL

Title: D () Delete
Name: SIMMONS, FRANCIS,
Address: RT 3 BOX BOX 274
City-St-Zip: FERNANDINA BEACH, FL

Title: DT () Delete
Name: WAY, ELIPHIS JEROME,
Address: 694 JULIA STREET
City-St-Zip: FERNANDINA BEACH, FL

Title: D () Delete
Name: KIRKLAND, CARL,
Address: OLD HARTS ROAD APT 1108
City-St-Zip: JACKSONVILLE, 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: DT (X) Change () Addition
Name: WAY, ELIPHIS JEROME,
Address: 1633 JULIA STREET
City-St-Zip: FERNANDINA BEACH, FL

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: ELIPHUS JEROME WAY

DT

03/04/2009

Electronic Signature of Signing Officer or Director

Date