


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 857715 1. Entity Name THE TRUE-WAY APOSTOLIC CHURCH OF JESUS CHRIST, INC.					
Principal Place of Business 5336 BENBOSTIC RD QUINCY, FL 32351 US				Mailing Address 5336 BENBOSTIC RD QUINCY, FL 32351 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7133030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FITTEN, WILLIE R 5336 BENBOSTIC RD QUINCY, FL 32351				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	AT Ardenette Mitchell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FITTEN, WILLIE R		NAME	11945 Blue Star Hwy	
STREET ADDRESS	5336 BENBOSTIC RD		STREET ADDRESS	Quincy, FL 32351	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	900119104539	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	02/29/08--01009--017 **61.25	
NAME	MITCHELL, JEROME		NAME		
STREET ADDRESS	11945 BLUE STAR HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	ALLEN, JOHN		NAME		
STREET ADDRESS	309 PAT THOMAS		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		
NAME	ALLEN, JACKQUELINE		NAME		
STREET ADDRESS	1630 ELM ST		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Bishop Willie R Fitten <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-15-208 <small>Date Daytime Phone #</small>		

FILED

08 FEB 15 PM 1:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02152008 Chg-NP CR2E037 (12/06)

4. FEI Number **23-7133030** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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Make check payable to Florida Department of State

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TITLE VT ☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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2-15-208

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