

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857715

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE TRUE-WAY APOSTOLIC CHURCH OF JESUS CHRIST, INC.

Current Principal Place of Business:

5336 BENBOSTIC RD
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

5336 BENBOSTIC RD
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 23-7133030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITTEN, WILLIE R
5336 BENBOSTIC RD
QUINCY, FL 32351 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: FITTEN, WILLIE R
Address: 5336 BENBOSTIC RD
City-St-Zip: QUINCY, FL 32351 US

Title: VT () Delete
Name: MITCHELL, JEROME
Address: 11945 BLUE STAR HWY
City-St-Zip: QUINCY, FL 32351 US

Title: SD () Delete
Name: ALLEN, JOHN
Address: 309 PAT THOMAS
City-St-Zip: QUINCY, FL 32352 US

Title: AS () Delete
Name: ALLEN, JACKQUELINE
Address: 1630 ELM ST
City-St-Zip: QUINCY, FL 32351 US

Title: AT () Delete
Name: MITCHELL, ANTONETTE
Address: 110945 BLUE STAR HWY
City-St-Zip: QUINCY, FL 32351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: WILLIE R FITTEN

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date