

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857715

FILED  
Apr 04, 2011  
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  
Name: FITTEN, WILLIE R  
Address: 5336 BENBOSTIC RD  
City-St-Zip: QUINCY, FL 32351 US

Title: VT  
Name: LUCKETT, BOBBIE  
Address: 6148 BAINBRIDGE HWY  
City-St-Zip: QUINCY, FL 32352 US

Title: S  
Name: ROBERTS, JAMES E  
Address: 1333 E. JEFFERSON ST.  
City-St-Zip: QUINCY, FL 32351 US

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

Title: D  
Name: WOODS, GLORIA  
Address: RT. BOX 381B  
City-St-Zip: QUINCY, FL 32351 US

Title: D  
Name: LOVETT, ALBERT  
Address: 500 SOUTH ATLANTA  
City-St-Zip: QUINCY, FL 32351

I hereby 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 all other like empowered.

SIGNATURE: WILLIE R. FITTEN

PD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date