2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F01000005764

Entity Name: TEMPLE OF TRUTH MINISTRIES OF JESUS CHRIST, INC.

Current Principal Place of Business:

1003 HAPPY HILL RD
FAIRMONT, NC 28340

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2031
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 56-2109956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMONS, TERRY W
37941- B MLK BLVD
DADE CITY, FL 33526 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:	PC	( ) Delete
Name:	MCLEAN, AMELIA	
Address:	1003 HAPPY HILL RD.	
City-St-Zip:	FAIRMONT, NC 28340	
Title:	VVC	( ) Delete
Name:	MCLEAN, FELECIA A	
Address:	308 HOLLY ST.	
City-St-Zip:	LUMBERTON, NC 28358	
Title:	S	( ) Delete
Name:	CLEMONS, HARRIETT	
Address:	37941-B MLK BLVD	
City-St-Zip:	DADE CITY, FL 33526	
Title:	T	( ) Delete
Name:	MCLEAN, TANAJA L	
Address:	309 SPRUCE ST.	
City-St-Zip:	LUMBERTON, NC 28358	
Title:	D	( ) Delete
Name:	BROWN, JAMES L	
Address:	300 JENKINS	
City-St-Zip:	FAIRMONT, NC 28340	
Title:	D	( ) Delete
Name:	CLEMONS, TERRY W	
Address:	37941-MLK BLVD	
City-St-Zip:	DADE CITY, FL 33526	

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: TERRY CLEMONS MR. 01/27/2009
Electronic Signature of Signing Officer or Director — Date