

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088169

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** TRUE INHERITANCE MINISTRIES, LLC

**Current Principal Place of Business:**

10989 RIVER FALLS DR.  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

13100 BROXTON BAY DR.  
813  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

10989 RIVER FALLS DR.  
JACKSONVILLE, FL 32219

**New Mailing Address:**

P.O.BOX9215  
JACKSONVILLE, FL 32208

**FEI Number:** 80-0616709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORNE, PAMELA  
10989 RIVER FALLS DR.  
JACKSONVILLE, FL 32219 US

**Name and Address of New Registered Agent:**

HORNE, PAMELA  
13100 BROXTON BAY DR.  
813  
JACKSONVILLE, FL 32218 US

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:

03/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HORNE, TERENCE  
Address: 13100 BROXTON BAY DR.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERENCE HORNE

MGRM

03/19/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date