

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001857

FILED
Apr 02, 2008
Secretary of State

Entity Name: TRUTH BAPTIST CHURCH OF JACKSONVILLE FLORIDA, INC.

Current Principal Place of Business:

1221 SHACKLETON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1221 SHACKLETON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3630786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, ANTHONY
1221 SHACKLETON ROAD
JACKSONVILLE, FL 32211 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: AD () Delete
Name: CARTER, ANTHONY
Address: 7009 FL. CAROLINE HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: CARTER, TERRI
Address: 7009 FT. CAROLINE HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: WILLIAMS, CRYSTAL
Address: 5132 GRANN LLOYD DR.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CARTER, JOHNNY
Address: 5132 GRANN LLOYD DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CARTER, DOROTHY
Address: 5132 GRANN LLOYD DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: DOWNER, YVONNE
Address: 12647 N. ASHGLLEN DR.
City-St-Zip: JACKSONVILLE, FL 32224

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: ANTHONY CARTER

AD

04/02/2008

Electronic Signature of Signing Officer or Director

Date