2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# N00000001857

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 SHACKLETONN ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

1221 SHACKLETON ROAD
JACKSONVILLE, FL 32211

FEI Number: 59-3630786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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. ASHGLEN 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 06/02/2009

Electronic Signature of Signing Officer or Director — Date