

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005704

1. Entity Name
TRUE PENTECOSTAL ASSEMBLIES WORLD WIDE, INC.



Principal Place of Business
**1009 S. FISKE BLVD.
ROCKLEDGE, FL 32955**

Mailing Address
**1009 S. FISKE BLVD.
ROCKLEDGE, FL 32955**



06282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3664613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, SYLVESTER
808 TOPAZ DR.
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sylvester V. Jones* **SYLVESTER V. JONES**

6-17-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WIGGINS, OLA M
STREET ADDRESS	SHADOW CT
CITY-ST-ZIP	RALEIGH, NC
TITLE	D
NAME	JONES, JOYCE D
STREET ADDRESS	808 TOPAZ DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	SHAFFER, BERNICE
STREET ADDRESS	1520 COUNTRY CLUB DR
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	BRYANT, RAYMOND J
STREET ADDRESS	814 PINE SHADOW AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	BRYANT, VICKIE
STREET ADDRESS	814 PINE SHADOW AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	BAILEY, SADIE
STREET ADDRESS	1009 S FISKE BLVD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

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07/07/04-80021-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvester V. Jones* **SYLVESTER V. JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-04

Date

543-1386

Daytime Phone #