

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007171

FILED
Feb 02, 2005
Secretary of State

Entity Name: TRUE LOVE COMMUNITY BAPTIST CHURCH, INC.

Current Principal Place of Business:

8512 N PALAFOX STREET
PENSACOLA, FL 32543

New Principal Place of Business:

Current Mailing Address:

8512 N PALAFOX STREET
PENSACOLA, FL 32543

New Mailing Address:

FEI Number: 59-3947364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GABRIEL A
6020 SONGBIRD DR.
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

BYNUM, NANETTE
6030 HILBURN ROAD
PENSACOLA, FL 32504 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: NANETTE D. BYNUM

02/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, GABRIEL A
Address: 6020 SONGBIRD DR.
City-St-Zip: PENSACOLA, FL 32503

Title: VD () Delete
Name: REESMAN, CHARLES
Address: 9120 BANKS RD.
City-St-Zip: PENSACOLA, FL 32514

Title: STD () Delete
Name: DAVIS, VICKI
Address: 6020 SONGBIRD DR.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CATCHINGS, ARDELIA
Address: 701 BROOK MEADOW
City-St-Zip: PENSACOLA, FL 32514

Title: VD (X) Change () Addition
Name: BYNUM, NANETTE
Address: 6030 HILBURN ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARDELIA CATCHINGS

PRES

02/02/2005

Electronic Signature of Signing Officer or Director

Date