

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008357

FILED
Apr 21, 2009
Secretary of State

Entity Name: TRUE BELIEVERS' OF JESUS CHRIST FULL GOSPEL MINISTRIES, INC.

Current Principal Place of Business:

5523 CLEVELAND RD #3
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5523 CLEVELAND RD #3
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3713391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, DOROTHY P
5523 CLEVELAND RD #3
JACKSONVILLE, FL 32209 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: PTR () Delete
Name: JACKSON, DOROTHY P PASTOR
Address: 5523 CLEVELAND RD #3
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: HICKS, MARY R
Address: 3527 JAPONICA RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: STRICKLAND, DELORIS
Address: 503 JESSIE STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: HICKS, MARY R
Address: 2122 BROOLYN ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: T (X) Change () Addition
Name: FLEMING, LATONYA A
Address: 991 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

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: DOROTHY P. JACKSON

PTR

04/21/2009

Electronic Signature of Signing Officer or Director

Date