

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000007126

1. Entity Name
TRUE LIGHT MINISTRIES OF JESUS CHRIST, INC.



Principal Place of Business
**2020-A SOUTH ADAMS STREET
TALLAHASSEE, FL 32301**

Mailing Address
**2020-A SOUTH ADAMS STREET
TALLAHASSEE, FL 32301**

FILED

05 MAY 12 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2025120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KENNERLY, JACQUELINE W
1232 ELBERTA DR.
TALLAHASSEE, FL 32304**

**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 _____

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, JACQUELINE W 1232 ELBERTA DR. TALLAHASSEE, FL 32304
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, SHEREE 107 SWEET ST. HAVANA, FL 32333
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, ALBERT 1232 ELBERTA DR. TALLAHASSEE, FL 32304
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**300054669973
05/17/05--01035--014 **\$1.25**

**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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/05

Day

Month and Year