

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

**FILED**

05 MAY 12 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04072005 No Chg-NP CR2E037 (10/03)

**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**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2025120</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when registering)

**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: **D**  
NAME: **KENNERLY, JACQUELINE W**  
STREET ADDRESS: **1232 ELBERTA DR.**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32304**

TITLE: **D**  
NAME: **BUTLER, SHEREE**  
STREET ADDRESS: **107 SWEET ST.**  
CITY-ST-ZIP: **HAVANA, FL 32333**

TITLE: **D**  
NAME: **KENNERLY, ALBERT**  
STREET ADDRESS: **1232 ELBERTA DR.**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32304**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

300054669973  
05/17/05--01035--014 \*\*\$61.25

**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: *Jacqueline Kennerly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/05  
DATE Day: mo: Phone #