


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**

08162006 No Chg-NP CR2E037 (4/06)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, JACQUELINE W 1232 ELBERTA DR. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, SHEREE 107 SWEET ST. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, ALBERT 1232 ELBERTA DR. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000574938  
08/22/06-80004-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 W. Kennerly 8/16/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #