


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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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

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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. **\$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	

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 08/22/06-80004-008 61.25

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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 #