


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 A
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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07122007 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000773189
 09/05/07-80001-003 61.25

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	

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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: Sheree Butler **Sheree Butler** 9/1/07 850/561-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #