

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT -3 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N01000007126</b> 1. Entity Name TRUE LIGHT MINISTRIES OF JESUS CHRIST, INC.	
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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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2. Principal Place of Business - No P.O. Box # <i>1101 Joe Louis St.</i>	3. Mailing Address <i>1101 Joe Louis Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tallahassee, FL</i>	City & State <i>Tallahassee, FL</i>
Zip <i>32304</i>	Zip <i>32304</i>
Country <i>USA</i>	Country <i>USA</i>

09242008 Chg-NP CR2E037 (12/06)

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 reappointing) DATE

**Filing Fee is \$61.25  
 Due by September 12, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">D</td> <td style="width: 75%;">KENNERLY, JACQUELINE W 1232 ELBERTA DR. TALLAHASSEE, FL 32304</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>D</td> <td>BUTLER, SHEREE 107 SWEET ST. HAVANA, FL 32333</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>D</td> <td>KENNERLY, ALBERT 1232 ELBERTA DR. TALLAHASSEE, FL 32304</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	D	KENNERLY, JACQUELINE W 1232 ELBERTA DR. TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	D	BUTLER, SHEREE 107 SWEET ST. HAVANA, FL 32333	<input type="checkbox"/> Delete	D	KENNERLY, ALBERT 1232 ELBERTA DR. TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																			
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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: *Jaqueline W. Kennerly* 9-30-08 850-519-2822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/40