


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90010 039 \*\*\*\*61.25

**DOCUMENT # N02000003008**  
1. Entity Name  
**TRUE LIGHT MINISTRIES WORSHIP CENTER INC.**



Principal Place of Business: **5631 NE 140 CT  
WILLISTON FL 32696**  
Mailing Address: **5631 NE 140 CT  
WILLISTON FL 32696**

**54061162**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-3481456**  
Applied For:  Not Applicable

Zip: Country: Zip: Country:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**D'ALONZO, MARGARET K  
5631 NE 140 CT  
WILLISTON FL 32696**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	P	<input type="checkbox"/> Delete
NAME	D'ALONZO, MICHAEL	
STREET ADDRESS	5631 NE 140 CT	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	S	<input type="checkbox"/> Delete
NAME	D'ALONZO, MARGARET K	
STREET ADDRESS	5631 NE 140 CT	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ALONZO, MICHAEL	
STREET ADDRESS	5631 N.E. 140TH COURT	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ALONZO, MARGARET K	
STREET ADDRESS	5631 N.E. 140TH COURT	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, CHARLES L	
STREET ADDRESS	P.O. BOX 113	
CITY-ST-ZIP	GULF HAMMOCK FL 32639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Margaret K D'Alonzo 7-8-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #