



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 08:00 AM
Secretary of State

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			
2. Principal Place of Business		3. Mailing Address		 1st MOORE CR2E037 (10/04) 4. FEI Number 59-3481456 <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P D'ALONZO, MICHAEL 5631 NE 140 CT WILLISTON FL 32696	<input type="checkbox"/> Delete	
TITLE	S D'ALONZO, MARGARET K 5631 NE 140 CT WILLISTON FL 32696	<input type="checkbox"/> Delete	
TITLE	D D'ALONZO, MICHAEL 5631 N.E. 140TH COURT WILLISTON FL 32696	<input type="checkbox"/> Delete	
TITLE	D D'ALONZO, MARGARET K 5631 N.E. 140TH COURT WILLISTON FL 32696	<input type="checkbox"/> Delete	
TITLE	D WATSON, CHARLES L P.O. BOX 113 GULF HAMMOCK FL 32639	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	

U00000360628
05/05/05-80098-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael DeLazo* 5-2-05 (352) 529-2606