

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007814

FILED
May 02, 2004
Secretary of State**Entity Name:** HOUSE OF THE TRUE LOVING SAINTS MINISTRIES INC.**Current Principal Place of Business:**141 OLD ORANGE PARK RD
35
ORANGE PARK, FL 32073**New Principal Place of Business:****Current Mailing Address:**141 OLD ORANGE PARK RD
35
ORANGE PARK, FL 32073**New Mailing Address:****FEI Number:** 03-0420029**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, JAMES H
141 OLD ORANGE PARK RD #35
ORANGE PARK, FL 32073 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: SMITH, JAMES H PASTOR
Address: 141 OLD ORANGE PARK RD #35
City-St-Zip: ORANGE PARK, FL 32073**Title:** TD () Delete
Name: SMITH, SYLVIA A
Address: 141 OLD ORANGE PARK RD #35
City-St-Zip: ORANGE PARK, FL 32073**Title:** SD () Delete
Name: MELTON, ANNOTHA L
Address: 1074 HURON
City-St-Zip: JACKSONVILLE, FL 32254**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA A. SMITH

TD

05/02/2004

Electronic Signature of Signing Officer or Director

Date