

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007814

FILED  
May 10, 2006  
Secretary of State

**Entity Name:** HOUSE OF THE TRUE LOVING SAINTS MINISTRIES INC.

**Current Principal Place of Business:**

5560-5 TIMUQUANA RD.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

141 OLD ORANGE PARK RD  
129  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 03-0420029      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, JAMES H  
141 OLD ORANGE PARK RD  
129  
ORANGE PARK, FL 32073 US

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 #129  
City-St-Zip: ORANGE PARK, FL 32073

Title: SD ( ) Delete  
Name: CHAPMAN, GURANITA L  
Address: 7610 BLANDING BLVD #908  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Delete  
Name: CHAPMAN, TREMAYNE  
Address: 7610 BLANDING BLVD # 908  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MELTON, ANNOTHA L SD  
Address: 5560-5 TIMUQUANA RD.  
City-St-Zip: JACKSONVILLE, FL 32210

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 Chapter 119, 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 SMITH

TD

05/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date