

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N02000007814**

1. Entity Name
HOUSE OF THE TRUE LOVING SAINTS MINISTRIES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 8:00

0066374

Principal Place of Business		Mailing Address	
		5116 ABEL LANE JACKSONVILLE FL 32254	
2. Principal Place of Business <i>141 Old Orange Park Rd</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>#35</i>		Suite, Apt. #, etc.	
City & State <i>Orange Park FL</i>		City & State	
Zip <i>32073</i>	Country <i>Clay</i>	Zip	Country
6. Name and Address of Current Registered Agent			
SMITH, JAMES H <i>141 Old Orange Park Rd #35 Orange Park FL 32073</i>			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

CHECK HERE IF MAKING CHANGES *MRS*

4. FEI Number 03-0420029	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25	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 D	NAME SMITH, JAMES H PASTOR	<input type="checkbox"/> Delete	TITLE 200023349912
STREET ADDRESS <i>141 Old Orange Park Rd #35</i>	CITY-ST-ZIP <i>Orange Park FL 32073</i>		DATE <i>09/25/03--01114--001 **\$1.25</i>
TITLE TD	NAME SMITH, SYLVIA A	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>141 Old Orange Park Rd #35</i>	CITY-ST-ZIP <i>Orange Park FL 32073</i>		
TITLE SD	NAME MELTON, ANNOTHA L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>1274 Huron</i>	CITY-ST-ZIP <i>Jacksonville FL 32254</i>		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *REGISTRATION IS REQUIRED* PD

09/29/03 94541-0242

CR2037 (10/02)

**ELDER: JAMES H. SMITH
PROPHETESS: SYLVIA A. SMITH**

141 Old Orange Park Rd.
Apartment 35
Orange Park, Florida
32073

Phone- 904-541-0179
Fax-----904-541-0242
HOTTLS1@AOL.COM

September 23, 2003

To: Reinstatement Dept.

This letter is to explain the reason you had not received our report before now, we moved last year and did not know that we needed to send a change of address to you after we sent one to the post office, we got this form from the old address you will find inclosed the \$61.25 for this year report and please note the change of address.

Sincerely,

Elder James H. Smith