

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009820

1. Entity Name

TRUE LOVE MISSIONARY BAPTIST CHURCH, INC. OF  
HALLANDALE FLORIDA 33008



FILED

05 APR 21 P: 3:55

SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business

1100 NW 3RD AVENUE  
FORT LAUDERDALE, FL 33311

Mailing Address

1100 NW 3RD AVENUE  
FORT LAUDERDALE, FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0956235

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, CHARLES H  
7290 NW 37TH ST  
LAUDERHILL, FL 33319

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.

000055208120  
05/24/05--01087--009 \*\*306.00

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 \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JACKSON, CHARLES H REV  
STREET ADDRESS 7290 NW 37TH ST  
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE VD ☐ Delete  
NAME JOHNSON, LEON  
STREET ADDRESS 1100 NW 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE SD ☐ Delete  
NAME BUCHANA, GEORGIA  
STREET ADDRESS 2817 NW 2ND ST  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE TD ☐ Delete  
NAME KENDRICK, WILLIAM  
STREET ADDRESS 420 NW 3RD AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rev. Charles H. Jackson

04-01-05 954-325-2169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #