2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 25, 2006 8:00 am Secretary of State

08-25-2006 90003 009 ****61.25

1. Entity Name
TRUE LOVE MISSIONARY BAPTIST CHURCH, INC. OF



	DALE FLORIDA 33008	CHURCH, INC. OF							
Principal Place of Business 1100 NW 3RD AVENUE FORT LAUDERDALE, FL 33311		Mailing Address 1100 NW 3RD AVENUE FORT LAUDERDALE, FL 33311					5002634	2	
2. Principal Place of Business 306 NW 2nd Avenue		3. Mailing Address 306 NW 2nd Avenue			3	I ANTIN MUNIST MUNIST MA		011 GQUUUI BE 18	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08022006 _C	hg-NP	CR2E037 (4/	06)	
City & State Hallandale Beach, Florida		City & State Hallandale Beach, Florida		ida	4. FEI Number 71-095623	35		Applied F	-
Zip 33009	Country USA	·	Country USA		5. Certificate of S	tatus Desired	□ \$8.75	Additional quired	
33003	6. Name and Address of Current I		OD/1		7. Name and Add	ress of New			
IACKSON	CHARLES H		Will	iam K	Kendrick			-	
JACKSON, CHARLES H 7290 NW 37TH ST LAUDERHILL, FL 33319		4		I Address (F.O. Box Number is Not Acceptable) NW 34th Avenue					
CAUDENII	11EE, 1 E 30310								
i			City	rt La	auderdale		FL Zig	Code 3311	
	named entity submits this statement for ions of registered agent/	egistered office of	r register	ed agent, or both, in	the State of F	lorida. I am familiar	with, and ac	ccept	
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DIONIATURE.	11/11/11/11/11 X ONAI	ארו או או							
SIGNATURE	Signature, typed or printed name of registered agent a	ind title il applicable. (NOTE: I	Registered Agent signa	ture required	when reinstating)		DATE		_
SIGNATURE		nd title II applicable. (NOTE: I	· · · · · · · · · · · · · · · · · · ·	ture required	_		DATE Make check paya	ole to	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 ue by September 6, 2006		naign Financing	ture required	\$5.00 May Be Added to Fees				
D .	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May Be	Flo	Make check payal rida Department ERS AND DIRECTOR	of State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aller A SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR