

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N03000009820

1. Entity Name
**TRUE LOVE MISSIONARY BAPTIST CHURCH, INC. OF
HALLANDALE FLORIDA 33008**



Principal Place of Business
**1100 NW 3RD AVENUE
FORT LAUDERDALE, FL 33311**

Mailing Address
**1100 NW 3RD AVENUE
FORT LAUDERDALE, FL 33311**

50026342



2. Principal Place of Business
306 NW 2nd Avenue

3. Mailing Address
306 NW 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022006 Chg-NP CR2E037 (4/06)

City & State
Hallandale Beach, Florida

City & State
Hallandale Beach, Florida

4. FEI Number
71-0956235

Applied For
Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

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
William Kendrick

Street Address (P.O. Box Number is Not Acceptable)
420 NW 34th Avenue

City
Fort Lauderdale

FL

Zip Code
33311

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: *William Kendrick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☐ Change ☒ Addition
NAME **Stephenson, Albert**
STREET ADDRESS **4435 NW 65th Street**
CITY-ST-ZIP **Coconut Creek, FL 33073**

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

TITLE ☒ Change ☐ Addition
NAME **2831 NW 15th Court**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **Thompson, Georgia**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **420 NW 34th Avenue**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: *Albert Stephenson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/06

Date

754-366-9736

Daytime Phone #