2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009820

FILED Feb 06, 2008 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
312 NW 2 HALLAND	ND AVE. DALE BEACH, FL 33	3009	312 NW 2I HALLAND	ND AVE. ALE BEACH, FL	33009 L	JS	
Current M	lailing Address:		New Maili	ng Address:			
312 NW 2 HALLAND	ND AVE. PALE BEACH, FL 33	3009	312 NW 2I HALLAND	ND AVE. ALE BEACH, FL	33009 L	JS	
FEI Number	: 71-0956235 FE	Number Applied For()	FEI Number Not App	licable () C	ertificate of S	Status Desired ()	
Name and	d Address of Curre	nt Registered Agent:	Name and	Address of Nev	w Register	ed Agent:	
420 NW 3 FORT LAI	41H AVE JDERDALE, FL 33:	311 US					
in the Stat	e of Florida.	its this statement for the	purpose of changing	its registered offic	ce or registe	ered agent, or both,	
The above in the State SIGNATU	e of Florida. É			ts registered offic	ce or registe	ered agent, or both,	
in the State	e of Florida. É	gnature of Registered Ag	ent		Date	ered agent, or both,	
in the State	e of Florida. RE: Electronic Si	gnature of Registered Ag S: e e eRT	ent	IS/CHANGES TO	Date	RS AND DIRECTO	
in the State SIGNATUE OFFICER Title: Name: Address:	e of Florida. RE: Electronic Si S AND DIRECTOR PD () Deleted STEPHENSON, ALBET 4435 NW 65TH ST	gnature of Registered Ag S: EE ERT FL 33073	ent ADDITION Title: Name: Address:	IS/CHANGES TO	Date D OFFICER hange () Add hange () Add	RS AND DIRECTO	
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Si S AND DIRECTOR PD () Delet STEPHENSON, ALBET 4435 NW 65TH ST COCONUT CREEK, F VD () Delet JOHNSON, LEON 2831 NW 15TH CT	gnature of Registered Ag S: e ERT FL 33073 e , FL 33311	ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	VD (X) C HARPER, ROSE 906 NW19TH ST FORT LAUDERDA	Date D OFFICER hange () Add hange () Add	RS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify 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: ALBERT STEPHENSON PD 02/06/2008