2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N03000009820

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

Current Principal Place of Business:

312 NW 2ND AVE.
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

312 NW 2ND AVE.
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 71-0956235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KENDRICK, WILLIAM
420 NW 34TH AVE
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEPHENSON, ALBERT
Address: 4435 NW 65TH ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete
Name: HARPER, ROSE
Address: 906 NW19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete
Name: WASHINGTON, EVA
Address: 717 NW 4TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete
Name: KENDRICK, WILLIAM
Address: 420 NW 34TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 06/17/2009

Electronic Signature of Signing Officer or Director — Date