

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 31, 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 ()****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:**STEPHENSON, ALBERT
4435 NORTHWEST 65TH STREET
COCONUT CREEK, FL 33073 US

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: ALBERT STEPHENSON

08/31/2009

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: PD (X) Change () Addition
Name: STEPHENSON, ALBERT
Address: 4435 NW 65TH ST
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: TD (X) Change () Addition
Name: HARPER, ROSE
Address: 906 NW19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: SD (X) Change () Addition
Name: MOORE, MICHEAL
Address: P.O. BOX 4136
City-St-Zip: HALLANDALE, FL 33009 US

Title: VD (X) Change () Addition
Name: BROWN, EVELYN
Address: 416 NORTHWEST 5TH COURT
City-St-Zip: FT LAUDERDALE, FL 33009 US

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

08/31/2009

Electronic Signature of Signing Officer or Director

Date