

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # N04000003069

1. Entity Name
TRUE DISCIPLES MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**2508 NW 104 TERRACE
MIAMI, FL 33147 US**

Mailing Address
**2508 NW 104 TERRACE
MIAMI, FL 33147 US**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0915141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, EUGENE
2508 NW 104 TERRACE
MIAMI, FL 33147**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENRY, EUGENE
STREET ADDRESS	2508 NW 104 TERRACE
CITY- ST- ZIP	MIAMI, FL 33147
TITLE	TRUS
NAME	HENRY, DENITRA M
STREET ADDRESS	2508 NW 104 TERR
CITY- ST- ZIP	MIAMI, FL 33147
TITLE	TRUS
NAME	FOLMAR, JONATHAN
STREET ADDRESS	3515 NW 95 TERR
CITY- ST- ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Henry (EUGENE HENRY)

Date

03-10-08

Daytime Phone #

305-693-1200