

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006199

FILED
Apr 30, 2009
Secretary of State

Entity Name: "JESUS" THE UNFOLD MYSTERIES, HIDDEN - TRUTH MINISTRIES INC

Current Principal Place of Business:

2403 SAXON STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5372
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKNIGHT, ELOUISE H PASTOR
1515 PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301 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: P () Delete
Name: MCKNIGHT, ELOUISE
Address: 1515 PAUL RUSSELL ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: WARD, CAROLINE
Address: 1803 DEVRA DRIVE
City-St-Zip: TALLAHASSEE, FL 32307

Title: P () Delete
Name: ODOM, STEVEN
Address: 3065 ROYAL LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: PETERSON, MYIOSHI
Address: 707 COBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: WILFORD, EDNA M
Address: 144 DORSEY SMITH LANE
City-St-Zip: QUINCY, FL 32305

Title: AS () Delete
Name: RANDALL, BARBARA
Address: 4345 LOST PINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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
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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: ELOUISE MCKNIGHT

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date