

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006837

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** TRUE HEART COMPASSION MINISTRIES, INC.

**Current Principal Place of Business:**

5976 20TH ST., STE. 150  
VERO BEACH, FL 329661019

**New Principal Place of Business:**

**Current Mailing Address:**

5976 20TH ST., STE. 150  
VERO BEACH, FL 329661019

**New Mailing Address:**

P.O. BOX 691232  
VERO BEACH, FL 32969

**FEI Number:** 80-0218259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASHINGTON, DAVID  
5976 20TH ST., STE. 150  
VERO BEACH, FL 329661019 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: D ( ) Delete  
Name: WASHINGTON, DAVID  
Address: 5976 20TH ST., STE. 150  
City-St-Zip: VERO BEACH, FL 329661019

Title: D ( ) Delete  
Name: WASHINGTON, MONICA B.  
Address: 5976 20TH ST., STE. 150  
City-St-Zip: VERO BEACH, FL 329661019

Title: D ( ) Delete  
Name: CASH, J.L. APOSTLE  
Address: 5976 20TH ST., STE. 150  
City-St-Zip: VERO BEACH, FL 329661019

**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:

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: DAVID WASHINGTON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date