

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011542

FILED  
May 15, 2009  
Secretary of State

Entity Name: TRUE PRAISE FOR CHRIST, INC.

## Current Principal Place of Business:

370 GWINNETT RD  
ORANGE PARK, FL 32073

## New Principal Place of Business:

8531 RAMPART RD.  
JACKSONVILLE, FL 32244

## Current Mailing Address:

370 GWINNETT RD  
ORANGE PARK, FL 32073

## New Mailing Address:

8531 RAMPART RD.  
JACKSONVILLE, FL 32244

FEI Number: 61-1574435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

WALKER, SHERRIE M  
370 GWINNETT ROAD  
ORANGE PARK,, FL 32073      US

## Name and Address of New Registered Agent:

WALKER, SHERRIE M  
8531 RAMPART RD.  
JACKSONVILLE, FL 32244      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: SHERRIE WALKER

05/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D,T      ( ) Delete  
Name: WALKER, JOE E III  
Address: 370 GWINNETT ROAD  
City-St-Zip: ORANGE PARK, FL 32073

Title: D,S      ( ) Delete  
Name: WALKER, SHERRIE M  
Address: 370 GWINNETT RD  
City-St-Zip: ORANGE PARK, FL 32073

Title: D,A      ( ) Delete  
Name: JOHNSON, JAMES M  
Address: 607 PEARSE LANE  
City-St-Zip: UPPER MARLBORO, MD 20774

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,T      (X) Change ( ) Addition  
Name: WALKER, JOE E III  
Address: 8531 RAMPART RD.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D,S      (X) Change ( ) Addition  
Name: WALKER, SHERRIE M  
Address: 8531 RAMPART RD.  
City-St-Zip: JACKSONVILLE, FL 32244

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: SHERRIE WALKER

DIR.

05/15/2009

Electronic Signature of Signing Officer or Director

Date