

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11063

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** TRU-WAY CHURCH OF THE RISEN CHRIST, INCORPORATED

**Current Principal Place of Business:**

%ELWYN W. JENKINS  
7155 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2297 EDISON AVENUE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-2585074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JENKINS, ELWYN W  
7155 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210 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:** PD  
**Name:** JENKINS, ELWYN W  
**Address:** 7155 HYDE GROVE AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** TD  
**Name:** MOULTRIE, EUGENE  
**Address:** 6030 MEADOW LANE  
**City-St-Zip:** JACKSONVILLE, FL 32211

**Title:** D  
**Name:** JENKINS, VIVIAN B  
**Address:** 7155 HYDE GROVE AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** VT  
**Name:** BUTLER, EARNEST SR  
**Address:** 5052 ANDREW ROBINSON DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** D  
**Name:** SALARY, MARVA J  
**Address:** 6825 RHODE ISLAND DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

**SIGNATURE:** ELWYN W. JENKINS

PD

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date