

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N32805

**Entity Name:** TRUE BORN CHURCH OF CHRIST OF THE APOSTOLIC FAITH, OF MIAMI, INC.

**Current Principal Place of Business:**

2260 NW 117TH ST  
MIAMI, FL 33167 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680580  
2260 NW 117TH ST  
MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number:** 65-0124935      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILSON, MAMIE  
2260 NW 117TH ST  
MIAMI, FL 33167 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: PSD ( ) Delete  
Name: WILSON, MAMIE  
Address: 2260 NW 117TH ST  
City-St-Zip: MIAMI, FL 33167

Title: VD ( ) Delete  
Name: WILSON, JOHN  
Address: 11402 NW 22ND AVE.  
City-St-Zip: MIAMI, FL

Title: DT ( ) Delete  
Name: WILSON WESTLY  
Address: 9000 NW 20TH AVE.  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: WILSON, MAMIE Y  
Address: 11336 NW 22 AVE  
City-St-Zip: MIAMI, FL

**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  
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: MAMIE WILSON

PRED

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date