


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 08:00 AM -
Secretary of State

DOCUMENT # N36842 1. Entity Name APOSTOLIC-PROPHETIC MINISTRIES OF TRUE WAY BIBLE DELIVERANCE CHURCH, INC.	
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Principal Place of Business 1605 DETROIT STREET JACKSONVILLE, FL 32254 US	Mailing Address 1605 DETROIT STREET JACKSONVILLE, FL 32254 US
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DO NOT WRITE IN THIS SPACE



03192003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3084421	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, JIMMIE
2416 PULLMAN AVENUE
JACKSONVILLE, FL 32209

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, JIMMIE LEE 2416 PULLMAN AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, CHERYL DINIA 2416 PULLMAN AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, ETHEL 6951 W VIRGINIA AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINES, JUDY J 7317 SHABETH DR SOUTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUNDY, SARAH 4112 ETTA ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, LILLIS MAE 9264 SIBBALD ROAD JACKSONVILLE, FL 32209

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05/28/04-80001-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmie Lee Rose JIMMIE LEE ROSE/5/24/04 904-695-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR