

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36842

FILED
Apr 19, 2005
Secretary of State

Entity Name: APOSTOLIC-PROPHETIC MINISTRIES OF TRUE WAY BIBLE DELIVERANCE CHURCH, INC.

Current Principal Place of Business:

1605 DETROIT STREET
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

1605 DETROIT STREET
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-3084421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSE, JIMMIE
2416 PULLMAN AVENUE
JACKSONVILLE, FL 32209 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 () Delete
Name: ROSE, JIMMIE LEE,
Address: 2416 PULLMAN AVE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: ROSE, CHERYL DINIA,
Address: 2416 PULLMAN AVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: ROSE, ETHEL,
Address: 6951 W VIRGINIA AVE
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: HINES, JUDY J
Address: 7317 SHABETH DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: LUNDY, SARAH
Address: 4112 ETTA ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: LEE, LILLIS MAE
Address: 9264 SIBBALD ROAD
City-St-Zip: JACKSONVILLE, FL 32209

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIMMIE LEE ROSE

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date