

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90145 019 ****70.00

DOCUMENT # N36842

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



Principal Place of Business
1605 DETROIT STREET
JACKSONVILLE FL 32254
US

Mailing Address
1605 DETROIT STREET
JACKSONVILLE FL 32254
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip **Country**

Zip **Country**

4. FEI Number 59-3084421

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, JIMMIE
2416 PULLMAN AVENUE
JACKSONVILLE FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ROSE, JIMMIE LEE
STREET ADDRESS 2416 PULLMAN AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DEACON: TURTEE ☐ Change ☒ Addition
NAME John HENRY Green
STREET ADDRESS 1217 underhill Dr. Apt 10
CITY-ST-ZIP Jacksonville FL 32211

TITLE SD ☐ Delete
NAME ROSE, CHERYL DINIA
STREET ADDRESS 2416 PULLMAN AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE MINISTER: Trustee ☐ Change ☒ Addition
NAME Milton MARLICE HALL
STREET ADDRESS 5959 Flicker Ave.
CITY-ST-ZIP Jacksonville FL 32219

TITLE D ☐ Delete
NAME ROSE, ETHEL
STREET ADDRESS 6951 W VIRGINIA AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HINES, JUDY J
STREET ADDRESS 7317 SHABETH DR SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LUNDY, SARAH
STREET ADDRESS 4112 ETTA ST
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LEE, LILLIS MAE
STREET ADDRESS 9264 SIBBALD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 May 12, 2003 (904) 695-2430

CR2E037 (10/02)