



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N46516 1. Entity Name TRUE WITNESSES FOR CHRIST CHAPEL, INCORPORATED	
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Principal Place of Business 3081 DIDDIE ROAD TALLAHASSEE, FL 32312	Mailing Address 3081 DIDDIE ROAD TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

	
01032007 No Chg-NP	CR2E037 (4/06)
4. FEI Number NOT APPLICABLE	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

**JACKSON, RUBY
3081 DIDDIE ROAD
TALLAHASSEE, FL 32312**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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 JACKSON, RUBY 3081 DIDDIE RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, GERALD D 5384 JACKSON BLUFF ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CORNELIA 4811 CENTER DRIVE TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80047-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ruby Jackson 1-4-07-385-5394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #