

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46516

FILED
Jan 21, 2009
Secretary of State

Entity Name: TRUE WITNESSES FOR CHRIST CHAPEL, INCORPORATED

Current Principal Place of Business:

3081 DIDDIE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3081 DIDDIE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSON, RUBY
3081 DIDDIE ROAD
TALLAHASSEE, FL 32312 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: JACKSON, RUBY
Address: 3081 DIDDIE RD.
City-St-Zip: TALLAHASSEE, FL

Title: VD () Delete
Name: SMITH, GERALD D
Address: 5384 JACKSON BLUFF ROAD
City-St-Zip: TALLAHASSEE, FL

Title: SD () Delete
Name: SMITH, CORNELIA
Address: 4811 CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SMITH, GERALD D
Address: 1290 NORTH RIDGE BOULEVARD APT.1512
City-St-Zip: CLERMONT, FL 34711

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

Title: CHAP () Change (X) Addition
Name: FLOWERS, RUTHIE CHAPLIN
Address: 3150 WINDSONG DR. APT .2109
City-St-Zip: TALLAHASSEE, FL 32308

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: RUBY JACKSON

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date