

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-23-2005 90078 021 ****61.25

DOCUMENT # N93000003165			
1. Entity Name TRUE CHURCH OF JESUS CHRIST, INC.			
Principal Place of Business 1164 EAST 21ST ST. JACKSONVILLE FL 32206 US		Mailing Address 2482 WYLENE STREET JACKSONVILLE FL 32209 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RAMSEY, ALVETA 2482 WYLENE STREET JACKSONVILLE FL 32209		7. Name and Address of New Registered Agent 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: <u>Alveta Ramsey</u> DATE: <u>02/15/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>P</u> NAME <u>DT</u> STREET ADDRESS <u>RAMSEY, ALVETA C.</u> CITY- ST- ZIP <u>2482 WYLENE STREET</u> <u>JACKSONVILLE FL 32209</u>	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Change ☐ Addition
TITLE <u>VP</u> NAME <u>DT</u> STREET ADDRESS <u>RAMSEY, ALVETA C</u> CITY- ST- ZIP <u>2482 WYLENE STREET</u> <u>JACKSONVILLE FL 32209</u>	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Change ☐ Addition
TITLE <u>DS</u> NAME <u>REID, ANGELA</u> STREET ADDRESS <u>2482 WYLENE STREET</u> CITY- ST- ZIP <u>JACKSONVILLE FL 32209</u>	☐ Delete	TITLE <u>Tr</u> NAME <u>Jaqueline Williams</u> STREET ADDRESS <u>1627 Hebard St</u> CITY- ST- ZIP <u>WAY CROSS, GA. 31501</u>	☐ Change ☒ Addition
TITLE <u>T</u> NAME <u>FRAZIER, THOMAS E</u> STREET ADDRESS <u>2482 WYLENE STREET</u> CITY- ST- ZIP <u>JACKSONVILLE FL 32209</u> <u>Deceased</u>	☒ Delete	TITLE <u>Tr</u> NAME <u>Jaqueline Lattimore</u> STREET ADDRESS <u>1539 ESTER ST.</u> CITY- ST- ZIP <u>JACKSONVILLE FL 32208</u>	☐ Change ☒ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Delete	TITLE <u>Tr</u> NAME <u>Sarah HARRIS</u> STREET ADDRESS <u>383 EAST 148th St</u> CITY- ST- ZIP <u>JACKSONVILLE FL 32208</u>	☐ Change ☒ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Delete	TITLE <u>Tr</u> NAME <u>Josephine merritt</u> STREET ADDRESS <u>11245 Bridges Rd.</u> CITY- ST- ZIP <u>JACKSONVILLE FL</u>	☐ Change ☒ Addition
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: <u>Alveta Ramsey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>02/15/05</u> Date Daytime Phone #	

66005586



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3248898** Applied For ☐ Not Applicable ☐

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

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

TITLE <u>P</u> NAME <u>DT</u> STREET ADDRESS <u>RAMSEY, ALVETA C.</u> CITY- ST- ZIP <u>2482 WYLENE STREET</u> <u>JACKSONVILLE FL 32209</u>	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: Alveta Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/05
Date

Daytime Phone #