

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90018 038 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3248898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

*Alveta C. Ramsey (Alveta C. Ramsey)*

*2/1/06*

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**  
**Due By May 1, 2006**

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 DT ☐ Delete  
NAME RAMSEY, ALVETA C.  
STREET ADDRESS 2482 WYLENE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DT ☐ Delete  
NAME RAMSEY, ALVETA C  
STREET ADDRESS 2482 WYLENE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE T ☐ Delete  
NAME WILLIAMS, JAQUELINE  
STREET ADDRESS 162 HEBARD ST  
CITY-ST-ZIP WAYCROSS GA 31501

TITLE T ☐ Delete  
NAME LATTIMORE, JAQUELINE  
STREET ADDRESS 1239 ESTES STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE T ☐ Delete  
NAME MERRITT, JOSEPHINE  
STREET ADDRESS 11245 BRIDGES RD.  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE *VP/TIS* ☐ Delete  
NAME *Angela Reid*  
STREET ADDRESS *2482 Wylene St*  
CITY-ST-ZIP *JAX, FL. 32209*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME *ALVETA C. Ramsey*  
STREET ADDRESS *2482 WYLENE ST.*  
CITY-ST-ZIP *JAX, FL. 32209*

TITLE *VP/TIS* ☐ Change ☒ Addition  
NAME *ALVETA Ramsey C.*  
STREET ADDRESS *2482 WYLENE ST.*  
CITY-ST-ZIP *JAX, FL. 32209*

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

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

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

TITLE *VP/TIS* ☐ Change ☒ Addition  
NAME *Angela Reid*  
STREET ADDRESS *2482 Wylene St.*  
CITY-ST-ZIP *JAX, FL. 32209*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Alveta C. Ramsey (Alveta C. Ramsey)* *2/1/06*