


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90390 014 ****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
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2. Principal Place of Business - No P.O. Box # 2482 Wylene St. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Jacksonville, Florida	City & State
Zip 32209	Country DUVAL

4. FEI Number 59-3248898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	NAME RAMSEY, ALVETA C. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2482 WYLENE STREET	CITY - ST - ZIP JACKSONVILLE FL 32209	STREET ADDRESS	CITY - ST - ZIP
TITLE PDTT	NAME RAMSEY, ALVETA C <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2482 WYLENE STREET	CITY - ST - ZIP JACKSONVILLE FL 32209	STREET ADDRESS	CITY - ST - ZIP
TITLE T	NAME WILLIAMS, JAQUELINE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 162 HEBARD ST	CITY - ST - ZIP WAYCROSS GA 31501	STREET ADDRESS	CITY - ST - ZIP
TITLE T	NAME LATTIMORE, JAQUELINE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1239 ESTES STREET	CITY - ST - ZIP JACKSONVILLE FL 32208	STREET ADDRESS	CITY - ST - ZIP
TITLE T	NAME MERRITT, JOSEPHINE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11245 BRIDGES RD.	CITY - ST - ZIP JACKSONVILLE FL 32208	STREET ADDRESS	CITY - ST - ZIP
TITLE VPTS	NAME REID, ANGELA <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3482 WYLENE ST	CITY - ST - ZIP JACKSONVILLE FL 32209	STREET ADDRESS	CITY - ST - ZIP

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 4/17/07 (904)354-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copying Phone #