


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90014 019 ****61.25

DOCUMENT # N93000003165
1. Entity Name
TRUE CHURCH OF JESUS CHRIST, INC.



Principal Place of Business Mailing Address
**2482 WYLENE ST
JACKSONVILLE FL 32209
US** **2482 WYLENE ST
JACKSONVILLE FL 32209
US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
SAME **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3248898 Not Applicable

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



1st MOORE CR2E037 (10/07)

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 **SAME**
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 4/20/08
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, 2008

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMSEY, ALVETA C.	
STREET ADDRESS	2482 WYLENE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	PD TT	<input type="checkbox"/> Delete
NAME	RAMSEY, ALVETA C	
STREET ADDRESS	2482 WYLENE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAQUELINE	
STREET ADDRESS	162 HEBARD ST	
CITY-ST-ZIP	WAYCROSS GA 31501	
TITLE	T	<input type="checkbox"/> Delete
NAME	LATTIMORE, JAQUELINE	
STREET ADDRESS	1239 ESTES STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERRITT, JOSEPHINE	
STREET ADDRESS	11245 BRIDGES RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	REID, ANGELA	
STREET ADDRESS	3482 WYLENE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah J. HARRIS	
STREET ADDRESS	383 EAST 45th ST.	
CITY-ST-ZIP	JACKSONVILLE, Florida 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Reid Pitney	
STREET ADDRESS	2482 Wylene St	
CITY-ST-ZIP	JACKSONVILLE, 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 4/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE