

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003165

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: TRUE CHURCH OF JESUS CHRIST, INC.

## Current Principal Place of Business:

2482 WYLENE ST  
JACKSONVILLE, FL 32209 US

## New Principal Place of Business:

## Current Mailing Address:

2482 WYLENE ST  
JACKSONVILLE, FL 32209 US

## New Mailing Address:

FEI Number: 59-3248898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMSEY, ALVETA  
2482 WYLENE STREET  
JACKSONVILLE, FL 32209 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: DT ( ) Delete  
Name: RAMSEY, ALVETA C.  
Address: 2482 WYLENE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: PDTT ( ) Delete  
Name: RAMSEY, ALVETA C  
Address: 2482 WYLENE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: WILLIAMS, JAQUELINE  
Address: 162 HEBARD ST  
City-St-Zip: WAYCROSS, GA 31501

Title: T ( ) Delete  
Name: LATTIMORE, JAQUELINE  
Address: 1239 ESTES STREET  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: MERRITT, JOSEPHINE  
Address: 11245 BRIDGES RD.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VPTS ( ) Delete  
Name: PITNEY-REID, ANGELA  
Address: 2482 WYLENE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ALVETA RAMSAY

DT

03/14/2009

Electronic Signature of Signing Officer or Director

Date