

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000003165

1. Entity Name  
TRUE CHURCH OF JESUS CHRIST, INC.



Principal Place of Business  
2482 WYLENE ST  
JACKSONVILLE, FL 32209 US

Mailing Address  
2482 WYLENE ST  
JACKSONVILLE, FL 32209 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282011 Chg-NP CR2E037 (11/08)

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

7. Name and Address of New Registered Agent

RAMSEY, ALVETA  
2482 WYLENE STREET  
JACKSONVILLE, FL 32209

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 Ramsey / Alveta Ramsey 4/30/2011 P/O/T/H*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2011

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME Reid, Michael H  
STREET ADDRESS 6605 Buffalo Ave.  
CITY-ST-ZIP Jacksonville, FL 32208

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

TITLE ☒ Change ☐ Addition  
NAME Pitney, Breyon  
STREET ADDRESS 2482 Wylene Street  
CITY-ST-ZIP Jacksonville, FL 32209

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

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

TITLE VPTS ☐ Delete  
NAME PITNEY-REID, ANGELA  
STREET ADDRESS 2482 WYLENE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32209

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Ramsey P/O/T/H, Alveta Ramsey 4/30/2011*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 MAY -3 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

