2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001808

1. Entity Name
TRUE LIFE WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
113 SUNDANCE CT WINTER SPRINGS, FL 32708 US	113 SUNDANCE CT WINTER SPRINGS, FL 32708 US

02242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316776
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, ROBERT A
113 SUNDANCE CT
WINTER SPRINGS, FL 32708

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	WILLIAMSON, ROBERT A
STREET ADDRESS	113 SUNDANCE COURT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	WILLIAMSON, YVONNE
STREET ADDRESS	113 SUNDANCE CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	TD
NAME	BLACK HELEN
STREET ADDRESS	2540 CITRUS CLUBLANE BOX 34
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80070-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Williamson ROBERT WILLIAMSON 3/15/05 407 699 9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #