## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004252

**FILED** May 05, 2009 Secretary of State

Entity Name: TRUE WORSHIP APOSTOLIC FAITH INC. **Current Principal Place of Business: New Principal Place of Business:** 5900 N.W. 17TH AVE MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** 1662 NW 152 TERR. 860 NW 197TH TERR MIAMI, FL 33169 MIAMI, FL 33054 FEI Number: 65-0603063 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLIER, KENNETH C SR COLLIER, KENNETH C SR 1662 N.W . 152 TERR. 860 NW 197TH TERR MIAMI GARDENS, FL 33054 US MIAMI GARDENS, FL 33169 US 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: KENNETH COLLIER 05/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COLLIER, KENNETH C SR Name: Name: 1662 N.W. 152 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33054 City-St-Zip: Title: S/T () Delete Title: S/T (X) Change ( ) Addition BENJAMIN, LISA P Name: Name: BENJAMIN, LISA P Address: 1662 N.W. 152 TERRACE Address: 860 NW 197TH TERR City-St-Zip: MIAMI, FL 33054 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: () Change () Addition REESE, HARVEY Name: Name: 17630 N.W. 46 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition COLLIER, ANTHONY C Name: Name: Address: 17630 N.W. 46 AVE Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: Title: () Delete () Change () Addition COLLIER, SHONDA Name: Name: 1662 NW 152 TERR Address: Address: MIAMI, FL 33054 City-St-Zip: 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.

Ρ SIGNATURE: KENNETH COLLIER 05/05/2009